



FUND TRANSFER REQUEST FORM

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Department

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Rule Code: _____ Document Total: _____ Bank Code: _____ Document Reference #: _____ <small>(as applicable)</small>																									
Document ID: _____ Transaction Date: _____ Date Processed: _____ Fund Accountant: _____																									
Budget Revision needed for this fund. Send to ambud@ttu.edu (T/S Only) No budget revision needed. This fund is fund balance budgeted. (T/S Only) This is an H or E fund. Budget Revision is the responsibility of TTUHSC or El Paso																									

Accounting Services

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Budget Office

Document ID: _____ Date Processed: _____	_____ Budget Analyst _____ Budget Manager
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FORM INSTRUCTIONS

1. This form is to be utilized when a fund transfer cannot be processed in the Budget Revision System. (e.g. interchart fund transfers & transfer between two fund balance budgeted funds)
2. A separate form must be complete for each transfer request.
3. Departments must complete all shaded areas in the "Department" section above. If a budget revision is permanent please note this in the purpose section.
4. Please attach any supporting documentation as applicable.
5. Email approval by the ORGN Financial Manager or Authorized Approver must be attached for the Transfer Out FOP. Authorized approvers may be determined in [TeamApp](#).
6. Please submit the completed form and all supporting documentation to AccountingServices@ttu.edu.

QUESTIONS? PLEASE CONTACT ACCOUNTINGSERVICES@TTU.EDU