MILLSAPS COLLEGE

Transfer Authorization

Please transfer the following funds as indicated:

Description or Account Name	Account #	Debit Amt	Credit Amt
Totals		**0.00**	**0.00**

Explanation of Transfer:

For transfers within your budget accounts, you must include this information:

	Item #1	Item #2	Item #3
Original Vendor or Description:			
Original Entry Date:			
Reference # (on report):			
Source (Src on report):			

Request by (originating department): _____ **Date:** _____
(Name of faculty or staff)

For transfers to other departments, complete the top portion of this form and forward to the Dept. Chair or Advisor for their confirmation. Receiving department should record their account number above, confirm on the line below, and e-mail form to Allison Rooker in the Business Office.

Confirmed by (receiving dpt if different): _____ **Date:** _____
(Name of faculty or staff)