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|  | **FORM #FR-01** **DEPARTMENTAL COST TRANSFER FORM****CHECKLIST:*** ENSURE AVAILABLE BUDGET IN THE ACCOUNT
* PROVIDE PROPER DOCUMENTATION
* USE THE CORRECT EXPENDITURE GL ACCOUNT
* MEANINGFUL REASON FOR TRANSFER
* ACCOUNT MANAGER SIGNATURES REQUIRED
 |
|  | *Texas State University – San Marcos is a member of the Texas State University System* |

**THIS FORM CANNOT BE USED TO TRANSFER:** \* BUDGET (5-2376) \* SALARIES AND BENEFITS (5-2543) \* GRANT ACTIVITY (5-2102) \* FIXED ASSETS (5-2294).

**INSTRUCTIONS:**

* Use this form for non-recurring expenditure transfers, internal sponsorships, JV and IDT corrections.
* If related expenditures have already been incurred, provide SAP Document Number to ensure appropriate expenditure identification.
	+ Is this a Vendor Payment? **[ ]  Yes [ ]  No**
* When supporting future expenditures, indicate anticipated GL account to which transactions should post *and* purpose of funds in ‘Reason’ field below.

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| **REASON FOR TRANSFER:**  |
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| **DOCUMENT REFERENCE****(If Applicable)** | **Move FROM**  | **Move TO**  |
| **DATE** | **SAP DOCUMENT NUMBER** (Original Posting) | **GL ACCOUNT**(6 digits) | **COST CENTER** (10 digits) | **FUND**(10 digits) | **INTERNAL/****STATISTICAL** **ORDER/****WBS** **ELEMENT**(10 digits) | **AMOUNT** | **GL ACCOUNT**(6 digits) | **COST CENTER** (10 digits) | **FUND** (10 digits) | **INTERNAL/****STATISTICAL ORDER/****WBS** **ELEMENT**(10 digits) | **AMOUNT** |
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|  |  | **TOTAL** |  |  | **TOTAL** |  |
|  | Prepared By (Printed Name): | Extension | Email |  |  |
|  |       |  |       |  |
|  | Approved By (Printed Name): | Approval Signature | Date | Approved By (Printed Name): | Approval Signature | Date |
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| **GENERAL ACCOUNTING OFFICE USE ONLY** |  |  |  |  |