

University of Central Florida Activity & Service Fee Business Office Budget Transfer Request Form FY 2018 - 2019

FOR USE ONLY WITH BUDGET TRANSFERS BETWEEN TWO A&SF FUNDED ACCOUNTS.

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Initiating Organization		Date				
Requestor			E-Mail Address			
Initiating Account			Initiating Budget Line (and Category, where applicable)			
Receiving Account			Receiving Budget Line (and Category, where applicable)			
	Amount	> 10%				
Budget Transfer					Amount	
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Reason for Requesting Transfer						
At least one signature from the initiating organization is required for budget transfers, as well as the approval of						
the Student Body President, if the transfer exceeds 10% of the initiating line's budget.						
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Director / Signature (1) Date	Signature (2) (if applicable)	Date	D :1 ::1 A	
J	,	J	, (11 ,		Presidential Approval	
					(if applicable)	
Print Name		Print Name				
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