University of Central Florida
Activity & Service Fee Business Office
Budget Transfer Request Form
FY 2019 - 2020

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

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)

Budget Transfer Amount	**> 10%**

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.

Director / Signature (1) Date	Signature (2) (if applicable) Date	Presidential Approval (if applicable)
Print Name	Print Name	