

PAYROLL EXPENSE TRANSFER
 Forward to Sponsored Projects Services, Box 4070

Date: _____ Pay Period(s) for Transfer _____ thru _____
 To: _____ Box Number _____
 From: _____ Phone Number _____

	AGENCY/ORG	OBJ/SOBJ (ERE Obj=7260.10)	AREA/ORG Name	Amount	Employee ID (NOT SSN)
I. DEBIT	<i>The AREA/ORGNS expenses will be transferred TO (CHARGED)</i>				
Line 1	_____	_____	_____	_____	_____
Line 2	_____	_____	_____	_____	_____
Line 3	_____	_____	_____	_____	_____
Line 4	_____	_____	_____	_____	_____
Line 5	_____	_____	_____	_____	_____
Line 6	_____	_____	_____	_____	_____

ORG Manager Signature _____ Total _____

II. CREDIT	<i>The AREA/ORGNS expenses will be transferred FROM (CREDITED):</i>				
Line 1	_____	_____	_____	_____	_____
Line 2	_____	_____	_____	_____	_____
Line 3	_____	_____	_____	_____	_____
Line 4	_____	_____	_____	_____	_____
Line 5	_____	_____	_____	_____	_____
Line 6	_____	_____	_____	_____	_____

ORG Manager Signature _____ Total _____

PURPOSE: _____
