## RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT REQUEST FOR TRANSFER OF EXPENDITURES

TO:	Accounting	Department				h
FROM:					Accounting Use Only	
	Nar	ne C	ollege - Dept Name		Posting Reference:	
Date:					3	
NOTE: This is not a fund transfer form. Please check with the Accounting Department if you have any questions.						
Please transfer	: \$	-	in Expenditures			
	Fund	Project	TOPS	Department	Object	
	XX	XXXX	XXXXXX	XXXXX	XXXX	Amount
DEBIT						
(TO)						
TOTAL	:					-
CREDIT						
(FROM)	<b>)</b>					
TOTAL	:					-
Payroll						
	Pay	roll# (ex:1A,1B)		Name of Employee		Employee ID #
Other	items:	PO#				
		PO#	Voucher#	Check#	Vendo	or Name
Reason for Tra	nster:					
Request	ed By:					
Request	.cu by	Signat	ture			Phone No.
Ap	proved:	Disapp	oroved:			
				Administrator (no	ot requester)	Date
		-				
Approved: Disa			oroved:	Area Vice Preside	nt (if required)	Date
Approved: Dis		Disapp	oroved:	VP of Administrative Svc (if required)		
				vP of Administrative	Svc (ir required)	Date
Approved: Dis		_ Disapp	oroved:	Fiscal Services, A	Administrator	Date
				1 10001 001 11003, /		2410