

ALBANY STATE UNIVERSITY
A Unit of the University System of Georgia
ALBANY, GEORGIA

Budget Transfer
Fiscal Year Funding _____

TO: Budget Office
(budgets@asurams.edu)

FROM (Budget Manager): _____

BUDGET MANAGER SIGNATURE: _____

DEPARTMENT: _____

DATE: ____/____/____
(MM DD YY)

From Account: (decrease)

Amount

(1) Account Number: _____ \$ _____
(Fund-Department-Program-Class-Project-Account)

(2) Account Number: _____ \$ _____

(3) Account Number: _____ \$ _____

To Account: (increase)

(1) Account Number: _____ \$ _____
(Fund-Department-Program-Class-Project-Account)

(2) Account Number: _____ \$ _____

(3) Account Number: _____ \$ _____

Purpose: _____

For Budget Office Use Only

Approved By: _____ **Date:** _____

Notes: _____