



SUNY
DOWNSTATE
Medical Center

Funds Transfer Request

FY

Account #
Department Name
Personal Service

FROM:	TO:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

P.S. Regular (0000)
Overtime (1948)
Temp Service (2000)
Other ()
Subtotal

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$ -	\$ -	\$ -	\$ -

OTPS
Supplies (3000)
Travel (4000)
Contractual Svcs (5000)
Temp Agency Svcs (5842)
Equipment (7300)
Other ()
Subtotal

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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\$ -	\$ -	\$ -	\$ -

Recharges
Central Stores (9200)
Telecomm (9300)
Duplicating (9500)
Operations Recharge (9800)
Medical Illustration (9830)
Radiation Physics (9840)
S.M.I.C. (9850)
Subtotal
TOTAL

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please note: Justification is required for transfers between major objects [0000,2000,3000, etc]

Justification: _____

Department Approval: _____
Print Name Signature Box # Ext.

Division / VP Approval: _____
(required for transfers betw. major objects) Print Name Signature Box # Ext.

Finance Approval: _____
(required for transfers betw. major objects) Budget Office Signature SVP/CFO Signature

For Budget Office Use Only:			
Approved	<input type="text"/>	UA3#:	<input type="text"/>
		Processed by:	<input type="text"/>
		Cert #:	<input type="text"/>
		Date:	<input type="text"/>
Disapproved	<input type="text"/>		
Insufficient Funds at:			
account sub-object level	<input type="text"/>		
account level	<input type="text"/>		
major object level	<input type="text"/>		
Other (specify):	_____		
Returned-	<input type="text"/>		
Authorized signature required			