RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT

REQUEST FOR TRANSFER OF EXPENDITURES

	Accounting Department				Accounting Use Only	
TO:						
FROM:					Posting Reference:	
Name		College - Department Name			- County Notorions.	
		`	30 Dopu			
Date:		_				
NOTE: T	his is not a fund	l transfer form. P	lease check v	vith the Accountin	ng Department it	f you have any questions.
Please transf	er:	\$	-	in Expenditures		
	Fund	Project	TOPS	Department	Object	
DEBIT	XX	XXXX	XXXXXX	XXXXX	XXXX	Amount
DEBII	•	† †		+		
		 				
		+ +				
TOTAL	:					-
IOIAL				-		
CREDIT	Г:					
		 				
		+		+		
		+ +		+		
		† †				
TOTAL	L:					-
Payroll Items	:					
Payroll# (ex:1A,1		B)	Name of Employee		-	Employee ID #
Other items:		_			_	
	PO#		Check#	Vendor ID	•	Vendor Name
Reas	on for Transfer:					
	_					
	Requested By:		Signature		-	Phone No.
			Gigilatule			i fiolic ino.
Approved	l:	Disapproved: _				
				Administrator (no	ot requester)	Date
Approved		Disapproved: _		A \/: D ::	I4	D. :
Approved		Disapproved		Area Vice Presid	ient	Date
Approved		Disapproved: _		VP of Administra	ative Svc	Date
Approved:		Disapproved: _		c tariii iidid		240
				Resource Dev. (i	if needed)	Date
Approved:		Disapproved:		Fiscal Sarvicas	Administrator	Data