BARNARD COLLEGE
DEPARTMENTAL REVENUE/EXPENSE ACCOUNTING TRANSFER FORM

Department: _____ Date of Request: _____

		Department Name	Account Number	Amount
1) Transfer #1 Request:	From:			
	To:			

Reason for Transfer #1 _____

2) Transfer #2 Request:	From:			
	To:			

Reason for Transfer #2 _____

3) Transfer #3 Request:	From:			
	To:			

Reason for Transfer #3 _____

Prepared By: _____ Extension: _____
Employee Requesting the Accounting Transfer

Controller's/Assoc Controller's Authorization: _____

FORM INSTRUCTIONS:

Purpose of the Form:

This form should be used for the following:

1) Correction of posted transactions in Ebear/General Ledger
2) Transfer of support to another department

This form should NOT be used for the following:

1) Transfer of budget monies to another department or object code

Documentation Required: Documentation (i.e. Ebear printouts) must be attached to this form in order for the form to be processed.

Approval Required: This form must be signed by the requesting department and approved by either the Controller or Associate Controller - Financial Reporting.