SUNY Cobleskill

JT# _____

JOURNAL TRANSFER REQUEST***

		Office Use:
ACCOUNT #	AMOUNT	Sub-Object

DEBIT *(money out)* :

Increase Expenditure

TOTAL: _____

		Office Use:
ACCOUNT #	AMOUNT	Sub-Object

CREDIT *(money in)* :

Decrease Expenditure

TOTAL: _____

Reason For Transfer:

All transfers must have appropriate justification attached in order to process.

_____   _____   _____
(Requestor's Name)   Requestor's Signature   Date

_____   _____   _____
(Approver's Name - Dean or Director)   Approver's Signature   Date