



Florida Agricultural and Mechanical University

TALLAHASSEE, FLORIDA 32307-6400

Excellent With Caring

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Office of the Controller

INTER-DEPARTMENTAL TRANSFER REQUEST FORM

Date: _____				
Requestor's Name/Title: _____		Phone # _____		
Requesting Department Name: _____				
Current Chart-Field Information:				
Requesting Dept. #	Fund:	Acct:		
Program:	Project ID#			
Reason for request:				
Current Chart-Field Information:				
Receiving Department:#	Fund:	Acct:	Program:	Project ID#
Amount: \$ _____				
Requesting Department Budget Approver				
		Signature: _____		
		Print: _____		
		Date		
Special Notes:				

All grant expenditures require prior approval from Sponsored Programs before submission to the Controller's Office. Separation of Duties requires that the requestor and the budget approver are separate members of department.

If you have any questions please call Jahan Momen in the Controller's Office at 850-412-5057.