AUTHORIZATION AND REQUEST TO TRANSFER SALARY COSTS BETWEEN FUNDS

NAME OF EMPLOYEE (1)	SOCIAL SECURITY NUMBER (2)	PAY PLAN (3)	FROM		TO		AMOUNTS (8)	PAY PERIODS (9)
			FUND CODE FY (4)	NEAR ACCOUNTING CLASSIFICATION ELEMENTS (5)	FUND CODE FY (6)	NEAR ACCOUNTING CLASSIFICATION ELEMENTS (7)		FROM_____TO_____

ACTIONS LISTED ABOVE ARE HEREBY REQUESTED AND APPROVED

OFFICIAL INITIATING ACTION (Signature)	TELEPHONE NUMBER	OFFICIAL APPROVING TRANSFER ACTION (Signature)	TELEPHONE NUMBER
TITLE	DATE	TITLE	DATE