



Excellence With Caring

Florida Agricultural and Mechanical University

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OFFICE OF ASSOCIATE VP FOR ADMINISTRATIVE
 & FINANCIAL SERVICES/CONTROLLER

INTER-DEPARTMENTAL TRANSFER REQUEST FORM FOR SERVICE PAYMENT

Date:			
Requestor's Name/Title:			
Department Name:		Phone#:	
Fax#:			
Current Chart-Field Information:			
DEPT. #:	FUND CODE:	ACCT CODE:	PROGRAM CODE:
Provide Project ID# if Fund Code is: (203, 206, 208 or 209)		Project ID#:	

Department Receiving Funds: Dept.:	060800	Fund: 101	Program: 61	Acct: 723000
Amount: \$				
REQUESTING Department budget Authority:	Signature:	Date:		

Controller's Office - Prepare journal and attach as supporting documentation to journal entry.

Journal Entry Preparer's Signature: _____ Date: _____