

# Interdepartmental Transfer Request Form

Request Date: \_\_\_\_\_

Requesting Department: \_\_\_\_\_

Requested By: \_\_\_\_\_

Email / Phone: \_\_\_\_\_

Transfer Effective Date: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Line	Fund	Function	Department	Object	Amount (\$)	Debit / Credit
1						
2						
3						
4						
5						
6						
<b>Total Transfer Amount:</b>						

Requestor Signature: _____	Date: _____
Department Approver: _____	Date: _____
Receiving Dept Approval: _____	Date: _____
Finance Approval: _____	Date: _____

**Helpful Information**

Account Type	Debit	Credit
Expense	Increases expense	Decreases expense
Revenue	Decreases revenue	Increases revenue

**Example:**

Department A accidentally paid a \$300 expense that should belong to Department B.

Account	Debit	Credit
Department B Expense	\$300	
Department A Expense		\$300

Department B's expense **increases** → **Debit**  
 Department A's expense **decreases** → **Credit**

**If it is an Expense**

Who should have the expense? → Debit them  
 Who should not have the expense? → Credit them

**If it is Revenue**

Who should not keep the revenue? → Debit them  
 Who should receive the revenue? → Credit them