HAMILTON COLLEGE BUSINESS OFFICE

BUDGET TRANSFER REQUEST

Amount to Transfer $ _____

Account to Receive Funding:

_____ _____

Department | Account Name

___ ___ - ___ - ___ ___ ___ ___ ___ ___ ___ - ___ ___ ___ ___ .

Account Number

Account to Reduce Budget:

_____ _____

Department | Account Name

___ ___ - ___ - ___ ___ ___ ___ ___ ___ ___ - ___ ___ ___ ___ .

Account Number

Explanation:

Date Requested: _____

_____

Authorization (Must be signed by department head whose budget is being reduced.)

Please note: Budgeted funds for salaries and wages cannot be transferred

_____ _____

Business Office Approval | Date