



# 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

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

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 Ruby Brown in the Controller's Office at 850-412-5056.