Cost Transfer for Travel ONLY

(For Accounts 6XXXXX)

AUGUSTA UNIVERSITY

****Please do not submit form with budgetary account(i.e. 600000).**

**If the cost transfer is more more than 10 lines , please send an upload spreadsheet to the the FinancialCal@augusta.edu

Account	Fund	Department	Program	Class	Project	Voucher #	Employee ID	Employee Name	Debit	Credit
*Please include Budget Transaction Detail with this expense Highlighted.									0.00	0.00

Justification: How did each item benefit the account, and why is it being transferred after the fact.

I hereby certify that the expenses transferred to the agency/org are appropriate and necessary to the perfomance of this project

Authorize Signature Transferring Budget Unit	Date	Sponsored Accounting Approval	Date
Authorized Signature Receiving Budget Unit	Date	Comptroller's Approval	Date
Department Chair	Date	Person preparing cost transfer and phone number	Date

Revised: 10/2018