

HAMPTON UNIVERSITY  
Hampton, Virginia 23668

Budget Transfer

Date \_\_\_\_\_

Department \_\_\_\_\_

Index Number \_\_\_\_\_

Budget Transfer No.: \_\_\_\_\_  
**(BUSINESS OFFICE USE ONLY)**

Request is hereby made for change in the budget appropriation available to this department as follows:

New appropriation: .....\$ \_\_\_\_\_

Transfer of Appropriation:

From: Fund _____	Org _____	Prog _____	Account Description _____	Acct. _____	\$ _____
To: Fund _____	Org _____	Prog _____	Account Description _____	Acct. _____	\$ _____

The Budget adjustment requested above is required to permit the effective functioning of this department.  
Specific explanation and justification of this request follows:

\_\_\_\_\_  
Chairman or Head of Administrative Unit

\_\_\_\_\_  
School Dean/Director

**DO NOT WRITE BELOW THIS LINE**

Comment	Comment	Action
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Executive Vice President and Provost	Treasurer's Signature	President's Signature

**INSTRUCTIONS:** Request pertaining to budgets of instructional and other areas under the supervision of the Academic Dean should be submitted to that office before transmission to the Office of the Treasurer. All other areas should submit requests directly to the Treasurer's Office. After review by personnel in the Treasurer's Office, action will be taken by the President and a copy of the executed copy form sent to the department and to the Treasurer's Office.

WHITE: TREASURER'S OFFICE

CANARY: DEPARTMENTAL COPY