



Payroll Expenditure Transfer Form

Budget Planning & Administration

This form must be downloaded, and opened with Adobe Acrobat to utilize embeded functionality. Once completed the form must be submitted electronically using the submit button at the bottom of the page or scanned, and e-mailed to budgetoffice@csudh.edu

EmployeeName: _____

DeptID #: _____

Emp ID: _____

Position #: _____

Transfer
Charges

**FROM
(credit):**

DeptID	Fund	Account	Program
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Transfer
Charges

TO (debit):

DeptID	Fund	Account	Program
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FISCAL YR:
(YYYY / YY)

Complete this section to transfer the TOTAL salary & benefits OR a PERCENTAGE of the total salary & benefits for the employee you specify above.

Please use the pay period. (Do not use % symbol. Example: Enter 100 for 100%)

Pay Period	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total
Enter Total Salary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter Total Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter % to Transfer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amt to Transfer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Description: _____

Submitted By: _____ Date: _____

Approved By: _____ Date: _____

Notes: _____

Processed By: _____ Date: _____