

University of Arkansas at Little Rock

This form is used to move budget between organizations, accounts, programs, activities, and locations within the same fund.

- All sections must be completed.
- Sections 3 & 4 totals must be equal.

Request for Budget Transfer

1) Originating Organization's Name: _____ Fiscal Year _____ Date _____

2) Completed by _____ Phone # _____ E-mail _____@ualr.edu

3) From FOAPAL							
Position	Fund	Organization	Account	Program	Activity	Location	Amount
Total:							\$

4) To FOAPAL							
Position	Fund	Organization	Account	Program	Activity	Location	Amount
Total:							\$

5) Purpose:

6) Signatures			
Organization Head / From	Date	V C / Associate V C	Date
Dean / Director / From	Date	Budget Director	Date

QUESTIONS REGARDING THIS FORM, CONTACT THE BUDGET OFFICE AT 569-8426

ORSP Use Only	Budget Use Only
Init: _____ Date: _____	Init: _____ Date: _____
# _____	# _____