

**MISSISSIPPI STATE UNIVERSITY  
REQUEST FOR BUDGET TRANSFER**

**TRANSFER FROM**

DEPARTMENT NAME	FUND	ORG	ACCT	PROG	ACTIVITY	POSITION	AMOUNT

**TRANSFER TO**

DEPARTMENT NAME	FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY	POSITION	AMOUNT

**EXPLANATION BELOW IS ESSENTIAL TO CONSIDERATION OF THIS REQUEST.**

**Reason for transfer:** \_\_\_\_\_

**Mark one:**                      **Permanent**                          **Temporary**                          **Released**   

<u>SIGNATURE OF APPROVING OFFICIALS</u>	<u>TITLE</u>	<u>DATE</u>
_____	Budget Manager	_____
_____	Next Higher Administrator	_____
_____	Vice President*	_____

<p><b>*Vice President's signature required for the following 10-fund transfers:</b></p> <ul style="list-style-type: none"> <li>Permanent transfers</li> <li>Transfers crossing divisions</li> <li>Transfers to Designated, Restricted, Cost Share and Plant Funds</li> <li>Transfers involving salaries (401000)</li> </ul>	<p><b>This form prepared by:</b></p> <p>Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p>
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<p><b>Controller &amp; Treasurer's Office - Budget Office</b></p> <p>Email: budget@controller.msstate.edu</p> <p>Mail Stop: 9602</p> <p>Phone: 662-325-8907</p>	<p><b>DOCUMENT REFERENCE NUMBER</b></p> <p>(Internal Use Only)</p>	
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