

INSTRUCTIONS FOR LC's BUDGET TRANSFER REQUEST FORM

- I. Use this form only to request Budget Transfers from one department account to another. Do not use this form for salary budget accounts. Call the Finance Division at Ext. 5142 if you have any questions.
- II. Please print legibly and complete entire form. Handwritten forms will not be accepted. Please be considerate of the turnaround time needed to deliver and process a transfer and plan accordingly.
- III. Only electronic forms with signature approvals will be accepted. Faxed, scanned, copied, and/or altered forms will not be processed.

REQUESTER:

- Provide name of department manager who has authority to the effected accounts.

DEPARTMENT:

- Provide name of department preparing/requesting budget transfer.

DATE:

- Date of budget transfer request.

BUDGET TRANSFER "FROM (-)" BANNER FOAP:

- Provide complete FOAP (Fund, Organization, Account, and Program) to be charged for the transfer. If more than one FOAP is appropriated, then individually list each FOAP.

BUDGET TRANSFER "TO (+)" BANNER FOAP:

- Provide complete FOAP (Fund, Organization, Account, and Program) to receive the transfer. If more than one FOAP is appropriated, then individually list each FOAP.

BUDGET ACCOUNT NAME:

- Provide description name of the budget account being used such as Equipment.

INCREASE/DECREASE AMOUNT:

- Indicate the amount of each transfer line item to be reallocated. **Total Document Amount** is for Accounting Purpose only so please don't make any changes/corrections to the amount.

JUSTIFICATION FOR BUDGET TRANSFER:

- Provide a detailed justification that will aid the Accounting Office in understanding the nature of the request since questions may arise at a later time as to why funds were reallocated.

APPROVAL SIGNATURES REQUIRED FOR BUDGET TRANSFER:

- **Budget Manager** – Department Manager responsible for the effected FOAP.
- **Executive Officer** – Executive officer and/or Vice president overseeing the department.
- **Chief Financial Officer** - Chief Financial Officer must approve and acknowledge budget transfer.
- **President** - President's approval is required for all budget transfers.

Laredo College Finance Division Budget Transfer Request Form

Requester's Name: _____
 Department Name: _____

Date: _____

Note: Transfers To/From Salary Budgets are not authorized.
 Transfers will be posted in Banner once received at Accounting (P-13) with all required signatures.

Budget Document Type: BD03 Entry (Temporary Budget Adj.)					Date Approved & Received @ Accounting will be Budget Period		
Account Number					Budget Account Name	To:	From:
	Fund	Organization	Account	Program		Increase (+)	Decrease (-)
FROM:	1.					X	
	2.						
	3.						
	4.						
TO:	1.					X	
	2.						
	3.						
	4.						

Total Document Amount (For Accounting Purpose Only)

JUSTIFICATION:

_____ Budget Manager _____ Date _____ Dean/Director

_____ Executive Officer _____ Date

_____ Cesar E. Vela, Vice President of Finance _____ Date

_____ Dr. Minita Ramirez, President _____ Date
(Approval needed for all transfers)

ACCOUNTING OFFICE ONLY

Director of Accounting Approval: _____ Posted Date _____ Entered in Banner By: _____ Document No. _____