Transfer Voucher Form

Edwardsville Campus Instructions

Use: To process transactions involving an exchange of goods and/or services

or transfer of funds between local accounts residing within the same

entity. Entities can be found in the FAS-AIS Crosswalk.

Access: Access the form via SIUE web site: http://www.siue.edu/its/ais/

Click on AIS Edwardsville E-Forms to access AIS E Forms. Click on

Transfer Voucher.

Instructions: Complete using the following instructions:

Department Contact Information: Provide basic contact information.

Disbursing Account: Account from which funds are transferred. Provide accounting flexfield values for all segments EXCEPT fund, unit, function, natural account and object. Indicate dollar amount of transfer.

Date Date form is completed.

Fund Leave blank.

Unit Leave blank.

Budget Purpose Budget Purpose from which funds will be transferred.

Department Activity 1 If applicable, Department Activity 1 associated with the

transfer; if not used, enter "00000".

Department Activity 2 If applicable, Department Activity 2 associated with the

transfer: if not used, enter "00000".

Function Leave blank.

Natural Account Leave blank.

Object Leave blank.

Budget Purpose Description Disbursing account's Budget Description.

\$ Amount of the transfer.

Fiscal Officer Signature Signature in ink of Fiscal Officer.

Date Date of approval.

Receiving Account: Account into which funds are transferred. Provide accounting flexfield values for all segments EXCEPT fund, unit, function, natural account and object. Indicate dollar amount of transfer.

Date Date form is completed.

Fund Leave blank.

Unit Leave blank.

Budget Purpose Budget Purpose to which funds will be transferred.

Department Activity 1 If applicable, Department Activity 1 associated with the

transfer; if not used, enter "00000".

Department Activity 2 If applicable, Department Activity 2 associated with the

transfer; if not used, enter "00000".

Function Leave blank.

Natural Account Leave blank.

Object Leave blank.

Budget Purpose Description Receiving account's Budget Description.

\$ Amount of the transfer.

Fiscal Officer Signature Signature in ink of Fiscal Officer.

Date Date of approval.

Date of Activity/Service Date of original transaction/service or exchange of funds.

Description of Transaction Provide brief reason/description for transfer request.

Routing: Print this form, have the fiscal officers sign it, attach

backup documentation and mail to: Administrative

Accounting, Box 1002.