UAB

UNIVERSITY OF ALABAMA AT BIRMINGHAM
COST TRANSFER FORM

REQ. NO. _____

PTA OR ASBOF TO BE CHARGED (DEBIT)	OBJECT CODE	DEBIT AMOUNT	ACCOUNTANT APPROVAL

CREDIT PTA OR ASBOF STRING	OBJECT CODE	CREDIT AMOUNT	ACCOUNTANT APPROVAL

QTY	DESCRIPTION OF COST TRANSFER	UNIT	TOTAL

Is there sufficient documentation attached?

WHY IS THIS COST TRANSFER BEING DONE?_____

_____

FOR QUESTIONS CONCERNING THIS REQUISITION, CONTACT:

_____

NAME **PHONE NUMBER**

_____

BLDG. **RM NO** **ZIP** **DATE**

DEBIT ACCOUNT APPROVALS:

_____ _____

REQUESTED BY (Required) **DATE** **AUTHORIZED SIGNATURE** **DATE**

_____ _____

CHAIR (Required if over 90 days) **DATE** **DEAN (Required if over 120 days)** **DATE**

Revised 10/6/2006