



FY _____ REQUEST FOR BUDGET TRANSFER

SCHOOL / DEPARTMENT NUMBER _____

Company/Fund
(Please Check One)
STRATEGY:

_____ 3170 SB9
_____ 3171 SB9 14-19
_____ 3172 SB9 20-26
_____ 3130 SPEC. CAP. LOCAL REVENUE

_____ 3113 GO BOND
_____ 3115 GO BOND
_____ 3191 ED TECH NOTES
_____ 3192 ED TECH NOTES

_____ 7102 ADMIN OH:CONSTRUCTION SERVICES
_____ 3161 HB33
_____ 3162 HB33
_____ 3150 Federal Special Capital
OTHER (Please Specify) _____

FROM

TO

AC #	ACCOUNTING UNIT	ACCOUNT	ATTRIBUTE	DESCRIPTION	AMOUNT	DESCRIPTION	ACCOUNTING UNIT	ACCOUNT	ATTRIB	AC #
# Proj Desc	ACTIVITY*	ACCT. CATEGORY	STRATEGY				ACTIVITY*	ACCT. CATEGORY	STRAT	# Proj Desc
AC #	ACCOUNTING UNIT	ACCOUNT	ATTRIBUTE	DESCRIPTION	AMOUNT	DESCRIPTION	ACCOUNTING UNIT	ACCOUNT	ATTRIB	AC #
# Proj Desc	ACTIVITY*	ACCT. CATEGORY	STRATEGY				ACTIVITY*	ACCT. CATEGORY	STRAT	# Proj Desc
AC #	ACCOUNTING UNIT	ACCOUNT	ATTRIBUTE	DESCRIPTION	AMOUNT	DESCRIPTION	ACCOUNTING UNIT	ACCOUNT	ATTRIB	AC #
# Proj Desc	ACTIVITY*	ACCT. CATEGORY					ACTIVITY*	ACCT. CATEGORY	STRAT	# Proj Desc
AC #	ACCOUNTING UNIT	ACCOUNT	ATTRIBUTE	DESCRIPTION	AMOUNT	DESCRIPTION	ACCOUNTING UNIT	ACCOUNT	ATTRIB	AC #
# Proj Desc	ACTIVITY*	ACCT. CATEGORY	STRATEGY				ACTIVITY*	ACCT. CATEGORY	STRAT	# Proj Desc

TOTAL

(If total amount is over \$10,000, control agent signature is required.)

Justification Required

Name of Originator _____ Date _____ Department Manager/Principal _____ Date _____ Control Agent _____ Date _____
Phone number and ext. _____

SEND ELECTRONICALLY TO CAPITAL FISCAL SERVICES: CapitalBudgetTransfers@aps.edu

*For use for capital funds only

DATE APPROVED _____ OR _____ DATE REJECTED _____ REJECTED BY _____

JE#: _____ DATE PROCESSED: _____

*Use for Capital funds only

PROCESSED BY: _____

Please Fill Out all Shaded Areas (Up to 4 transfer per sheet)