



**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 (Required <90 days) DATE

CHAIR (Required if over 90 days) DATE

DEAN (Required if over 120 days) DATE

