

Chicago State University

Office of Sponsored Programs
 Cook Administration Building – 303
 773.995.3598*Fax 773.995.2490

BUDGET TRANSFER FORM

Journal Voucher: _____
Date Requested: _____
Grant Number: _____
Fund Number: _____

Budget Transfer: _____
JV Number: _____
Input By: _____
Date Posted: _____

Account Number	Account Name	Increase	Decrease
1120A	Administrative	_____	_____
1120C	Civil Service Salary	_____	_____
1120F	Academic Faculty	_____	_____
1130	Extra Help	_____	_____
1140	Student Salary	_____	_____
1160	Fringe Benefits	_____	_____
1200	Contractual	_____	_____
1290	Travel	_____	_____
1300	Commodities	_____	_____
1500	Equipment	_____	_____
1700	Telecommunications	_____	_____
4400	Awards/Stipends	_____	_____
9610	Direct Costs	_____	_____
_____	Other:	_____	_____
_____	Other:	_____	_____
_____	Other:	_____	_____
	TOTAL	_____	_____

Explanation: _____

Signature Fiscal Officer: _____

Signature Grant Accountant: _____