

**ASU Finance
Expense Transfer Form**

Date of Request _____

Initiator _____

FOAP to be charged (debit)

| | | | |
|------|-----|---------|---------|
| Fund | Org | Account | Program |
|------|-----|---------|---------|

FOAP originally charged (credit)

| | | | |
|------|-----|---------|---------|
| Fund | Org | Account | Program |
|------|-----|---------|---------|

Date of Transaction _____

Vendor Name _____

Amount to be Transferred _____

Justification for Transfer

Dept. Chair or Dean's Signature _____

Note: This form should only be used to transfer an expense from one FOAP to another; this excludes payroll, student aid, and transactions involving sponsored programs. A screen print of the transaction from Banner should be attached as backup documentation.

Please return the completed form to the Controller's Office for posting.