Payroll Expenditure Transfer Form

<u>General Instructions</u>

Employee's Information

- Employee's Name
- Employees Employment ID - 9 Digit
- HR Department ID – 5 Digit
- Employees Position Number – 8 Digit

Transfer Chartfield Information

- **Transferring Department**
    - Finance Department Id – 5 Digit (Required Field)
    - Fund Number – 5 Alpha-numeric Character (Required Field)
    - Account Code – 6 Digit (Required Field)
    - Program Code - 5 Alpha-numeric Character (As Needed)
    - Project Code - 7 Alpha-numeric Character (As Needed)
    - Class Code – 4 Alpha-numeric Character (As needed)
- **Receiving Department**
    - Finance Department Id – 5 Digit (Required Field)
    - Fund Number – 5 Alpha-numeric Character (Required Field)
    - Account Code – 6 Digit (Required Field)
    - Program Code - 5 Alpha-numeric Character (As Needed)
    - Project Code - 7 Alpha-numeric Character (As Needed)
    - Class Code – 4 Alpha-numeric Character (As needed)

Fiscal Year: 2017/18 (example)

Monetary Information Box

- Select the appropriate month for which you are requesting the transfer for
- Enter salary amounts that need to be transferred
- Enter the associated benefit amounts that need to be transferred
- Enter the percentage of Salary/Benefit that you want to be transferred

Note: Please <u>do not use % sign</u> (e.g., use 50 for 50%); the total amounts will be automatically calculated.

Description

Please state the reason form payroll transfer request

Requestor's Information

- Requestor's Name
- Date of submission
- Requestor's Signature – Sign electronically. If having trouble signing electronically, please type and submit

Click on to **SUBMIT** button, your Form will show as an attachment in an e-mail (addressed to: budgetoffice@csudh.edu).