



Payroll Expenditure Transfer Form

Budget Planning & Administration

This form must be downloaded, and opened with Adobe Acrobat to utilize embeded functionality. Once completed the form may be signed digitally and submitted using the

Submit button at the bottom of the page. The form may also be printed, signed manually and submitted electronically via e-mail to budgetoffice@csudh.edu

EmployeeName: _____

DeptID #: _____

Emp ID: _____

Position #: _____

Transfer
Charges
FROM
(credit):

DeptID	Fund	Account	Program	Project	Class

Transfer
Charges
TO (debit):

DeptID	Fund	Account	Program	Project	Class

FISCAL YR:
(YYYY / YY)

Complete this section to transfer the TOTAL salary & benefits OR a PERCENTAGE of the total salary & benefits for the employee you specify above.

Please use the pay period. (Do not use % symbol. Example: Enter 100 for 100%)

Pay Period	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total
Enter Total Salary													
Enter Total Benefits													
Enter % to Transfer													
Amt to Transfer													

Description: _____

Submitted By: _____

Date: _____

Signature: _____

Please e-mail budgetoffice@csudh.edu with questions

For Budget Office use only:

Processed By: _____ Date: _____