



Excellence With Caring

# Florida Agricultural and Mechanical University

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OFFICE OF ASSOCIATE VP FOR ADMINISTRATIVE  
 & FINANCIAL SERVICES/CONTROLLER

## INTER-DEPARTMENTAL TRANSFER REQUEST FORM FOR SERVICE PAYMENT

Date:			
Requestor's Name/Title:			
Department Name:		Phone#:	
Current Chart-Field Information:			
DEPT. #:	FUND CODE:	ACCT CODE:	PROGRAM CODE:
<b>Provide Project ID# if Fund Code is: (203, 206, 208 or 209)</b>		Project ID#:	
Reason for request:			
Department Receiving Funds: Dept.:			
Fund:		Program:	
Acct:			
Amount: \$			
REQUESTING Department budget Authority:		Signature:	
Date:			

**Controller's Office - Prepare journal and attach as supporting documentation to journal entry.**

Journal Entry Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_