## Southern Arkansas University Tech Budget Transfer Request

Requested by:					Reference #	
Date of request:						
Account Number	Amount	Account N	umber Description			
Transfer To: (Increas						
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TOTAL DEBITS	\$ -					
Transfer From: (Door	veces Dianned Evney	a ditura a\				
Transfer From: (Decr	ease Flatified Exper	laitures)				
TOTAL CREDITS	\$ -					
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JUSTIFICATION: _						
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APPROVAL:	Denortes ant Ar		Vice Chanceller or Chanceller An		Duciness Office Approval	
	Department Ap	ppiovai	Vice Chancellor or Chancellor Ap	provai	Business Office Approval	
				_	Date	