



For FSO Use Only
Trans ID No.

Reallocation of Expenditures

TO: Financial Services and Operations, Third Floor Lakeshore Center

From: _____
 Originator's Name (Please Print) Department _____

Originator's Signature

Item	From (Credit)		Source Doc #	Additional Description	Source Date	To (Debit)		Amount	
	Index	Acct Cod				Index	Acct Cod		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
Total Reallocation								\$	-
(For FSO Use)- JV TTL								\$	-

Attach either FYGDOR003B (Oracle Reports) or FYGDET003 (Discoverer) to document the original charge

Justification:

 Financial Manager/PI Date
Required

 Dean/VP Date
Required for reallocations made more than 90 days after the date of the original charge.

 Department Chair/Direct Date
Required for reallocations made more than 60 days after the date of the original charge.

Your signature above certifies that this reallocation is accurate and allowable within the contract/grant terms and conditions.

CC List: _____

Please copy all PI's, Departments, schools, and/or colleges involved.

SPA Approval

GF Approval