



**Expenditure/Revenue Transfer Request Form –**

| Transaction was charged here: |                    |                          |      |         |             |          |                        |   |              |        |
|-------------------------------|--------------------|--------------------------|------|---------|-------------|----------|------------------------|---|--------------|--------|
| Expense Report #              | Supplier Invoice # | Payroll Activity (dates) | Fund | Program | Cost Center | Activity | Spend/Revenue Category | Gift, Grant or Project ID (if applicable) | Employee ID  | Amount |
|                               |                    |                          |      |         |             |          |                        |   |              |        |
|                               |                    |                          |      |         |             |          |                        |   |              |        |
|                               |                    |                          |      |         |             |          |                        |   |              |        |
|                               |                    |                          |      |         |             |          |                        |   |              |        |
|                               |                    |                          |      |         |             |          |                        |   | <b>Total</b> |        |

| Transaction should have been charged here: |                    |                          |      |         |             |          |                        |   |              |        |
|--|--------------------|--------------------------|------|---------|-------------|----------|------------------------|---|--------------|--------|
| Expense Report #                           | Supplier Invoice # | Payroll Activity (dates) | Fund | Program | Cost Center | Activity | Spend/Revenue Category | Gift, Grant or Project ID (if applicable) | Employee ID  | Amount |
|  |                    |                          |      |         |             |          |                        |   |              |        |
|  |                    |                          |      |         |             |          |                        |   |              |        |
|  |                    |                          |      |         |             |          |                        |   |              |        |
|  |                    |                          |      |         |             |          |                        |   |              |        |
|  |                    |                          |      |         |             |          |                        |   | <b>Total</b> |        |

**Justification for Transfer:**

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Print Department Chair Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Controller Approval

\_\_\_\_\_  
Journal Reference

\_\_\_\_\_  
Date

**Return to the Controller's Office for Processing (controller@loyola.edu)**