BUDGET / EXPENSE REALLOCATION FORM

**INSTRUCTIONS (Please refer to the instructions for the type of reallocation requested. Use the TAB key to navigate through the fields on this form.)**

# BUDGET REALLOCATION

1. Complete charge and credit information. Include the six digit Index number and the five digit budget account code. Provide a description of the transaction and complete the amount in whole dollars.
2. Obtain the signature of the Financial Manager or Authorized Signer.
3. Check the Budget Reallocation Block and forward the form to the Budget Office, 618 Brodhead Ave.

# EXPENSE / REVENUE REALLOCATION

1. Complete charge and credit information. Include the six digit Index number and the five digit account code. Provide a description of the transaction (vendor name, employee name, service provided, etc.). Include any additional information to reference the transaction (purchase order number, employee Banner ID #, etc.). Complete the amount of the transaction.

**NOTE: Attach a Banner print screen (or other supporting documents) that shows/explains the revenue or expense before sending it to the Controller’s Office.**

Any reallocation of payroll dollars must include both the employee name and their Banner ID #

1. Obtain the signature of the Financial Manager or Authorized Signer.
2. Check the Expense Reallocation line and forward the form to the Capital Asset Accounting Office, 306 S. New St., Suite 451.
3. Send a copy of this form to any Financial Manager whose Index is affected by the transaction.

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| --- | --- | --- | --- | --- | --- | --- |
| **(6 digits) – (5 digits)**  **Banner – Account**  **Index Code .** |  | **DESCRIPTION / EMPLOYEE NAME**  **(Limit of 35 characters)**  **(This information will be entered into the Description field of the Transaction Activity screen.)** |  | **PURCHASE ORDER OR BANNER ID #** |  | AMOUNT |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. CHARGE:** | **-** |  |  |  |  |  |  |
| **CREDIT:** | **-** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2. CHARGE:** | **-** |  |  |  |  |  |  |
| **CREDIT:** | **-** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3. CHARGE:** | **-** |  |  |  |  |  |  |
| **CREDIT:** | **-** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **4. CHARGE:** | **-** |  |  |  |  |  |  |
| **CREDIT:** | **-** |  |  |  |  |  |  |

BUDGET REALLOCATION  OR EXPENSE REALLOCATION

|  |  |
| --- | --- |
| **EXPLANATION**: | **FOR BUDGET OFFICE OR CONTROLLER'S OFFICE USE:**  Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Department Date |

I request that the above transfer reallocation be made and if I am not the Financial Manager for a referenced Index, I have the authority from the Financial Manager to initiate this action.

**For Salary Reallocations:** I certify that this allocation of time represents a reasonable estimate of my or my employee’s effort for this period.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prepared by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Manager or Authorized Signer Date Name Department Date