Form Date 07/01/01

Murray State University
Accounting and Financial Services

Budget Transaction Form

Date: _____

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Reset Form

_____
Batch Ref
SCR 010
TC=020/ORB
021/BRE
022/BTR
026/BCP

for accounting use only

	Debit INCREASE EXPENDITURE BUDGET DECREASE REVENUE BUDGET	**Credit** DECREASE EXPENDITURE BUDGET INCREASE REVENUE BUDGET	**Amount** DOLLARS ONLY NO CENTS
Account Number:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ (_ _ _)*	_ _ _ _ _ _ _ _ _ _ _ _ _ _ (_ _ _)*	$ _____
Account Name:	_____	_____	
Account Number:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ (_ _ _)*	_ _ _ _ _ _ _ _ _ _ _ _ _ _ (_ _ _)*	$ _____
Account Name:	_____	_____	
Account Number:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ (_ _ _)*	_ _ _ _ _ _ _ _ _ _ _ _ _ _ (_ _ _)*	$ _____
Account Name:	_____	_____	
Account Number:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ (_ _ _)*	_ _ _ _ _ _ _ _ _ _ _ _ _ _ (_ _ _)*	$ _____
Account Name:	_____	_____	
Account Number:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ (_ _ _)*	_ _ _ _ _ _ _ _ _ _ _ _ _ _ (_ _ _)*	$ _____
Account Name:	_____	_____	
Account Number:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ (_ _ _)*	_ _ _ _ _ _ _ _ _ _ _ _ _ _ (_ _ _)*	$ _____
Account Name:	_____	_____	
Account Number:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ (_ _ _)*	_ _ _ _ _ _ _ _ _ _ _ _ _ _ (_ _ _)*	$ _____
Account Name:	_____	_____	

Transaction Total $ 0.00

include position number if transferring budget to/from salary lines.

Purpose of Transfer:

Department/Activity Head	Date	Approved Vice President	Date
Approved Dean/Director	Date	Approved Budget Office	Date

For questions call: Accounting - #4173 Budget Office - #3496

Please keep copies of this form for departmental records. Accounting Inquiry may be used to verify the processing of this form.