



**University of Central Florida  
Activity & Service Fee Business Office  
Budget Transfer Request Form  
FY 2016 2017**

**FOR USE ONLY WITH BUDGET TRANSFERS BETWEEN TWO  
A&SF FUNDED ACCOUNTS.**

Initiating Organization	Today's Date
Contact Name	E-Mail Address

Initiating Account	Initiating Budget Line and Category, where applicable
Receiving Account	Receiving Budget Line and Category, where applicable

<b>Budget Transfer Amount</b>	<b>&gt; 10%</b>
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Transfer Notes (if applicable)

At least one signature from the initiating organization is required for budget transfers, as well as the approval of the Student Body President, if the transfer exceeds 10% of the initiating line's budget.

Director / Signature (1)	Date	Signature (2) (if applicable)	Date	Presidential Approval (if applicable)
Print Name		Print Name		