



Montclair State University

Request for Transfer of Expense

Date _____

Fiscal Year _____

Name of Account to Debit _____
(Add expense to account)

Account Number	Object Code *	Amount
	Total	

Name of Account to Credit _____

Account Number	Object Code *	Amount
	Total	

Justification:

Fiscal Agent for debit account _____

(printed)

(signature)

*** Do not use payroll or pool object codes. (Pool object codes include: 2000,2500,3000,3100,3960 and 4000.) Documentation of expense posted to FRS or departmental invoice must be attached. For example: Screenshot showing expense posted, internal department invoice. (Exception – Red hawk dollars request or request for copy cards)**

Submit to: Financial Accounting 855 Valley Rd. Fax: 7618 Attn: Accounting