

TRANSFER VOUCHER
Southern Illinois University Edwardsville

Please complete the following information, attach backup and forward to the Accounting Office, Box 1002. If you have any questions, please call Accounting, ext. 2120.

General instructions:

1. The fiscal officer must sign in ink or via electronic signature for each unique Budget Purpose.
2. The original form and backup must be returned to Accounting, Campus Box 1002 or emailed to adminaccounting@siue.edu.

Department Contact Information

| | | | |
|-------|------------|-------------|--------|
| Name: | Phone No.: | Campus Box: | Email: |
|-------|------------|-------------|--------|

Disbursing Account

| Date | Invoice Accounting Flexfield | | | | | | | | | |
|------|------------------------------|------|----------------|------------|------------|------|----------|-----|-----------------------------|-----------|
| | Fund | Unit | Budget Purpose | Dept Act 1 | Dept Act 2 | Func | Nat Acct | Obj | Budget Purpose Description: | \$ Amount |
| | | | | | | | | | | |

| | |
|--------------------------|------|
| Fiscal Officer Signature | Date |
|--------------------------|------|

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|-----------------------------|-----------|
| | | | | | | | | | Budget Purpose Description: | \$ Amount |
|--|--|--|--|--|--|--|--|--|-----------------------------|-----------|

| | |
|--------------------------|------|
| Fiscal Officer Signature | Date |
|--------------------------|------|

Receiving Account

| Date | Invoice Accounting Flexfield | | | | | | | | | |
|------|------------------------------|------|----------------|------------|------------|------|----------|-----|-----------------------------|-----------|
| | Fund | Unit | Budget Purpose | Dept Act 1 | Dept Act 2 | Func | Nat Acct | Obj | Budget Purpose Description: | \$ Amount |
| | | | | | | | | | | |

| | |
|--------------------------|------|
| Fiscal Officer Signature | Date |
|--------------------------|------|

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|-----------------------------|-----------|
| | | | | | | | | | Budget Purpose Description: | \$ Amount |
|--|--|--|--|--|--|--|--|--|-----------------------------|-----------|

| | |
|--------------------------|------|
| Fiscal Officer Signature | Date |
|--------------------------|------|

Date of Activity/Service _____

Description of transaction