



**ASSOCIATED STUDENTS, INC.**  
**CALIFORNIA STATE UNIVERSITY, FULLERTON**

**Request for Line Item Transfer**  
**Associated Students Budget**

Fiscal Year \_\_\_\_\_

Program Name \_\_\_\_\_ Date \_\_\_\_\_

**Account(s) to Transfer From:**

<b>Account No.</b>	<b>* Current Budget Amount</b>	<b>Transfer Amount</b>	<b>Revised Budget Amount</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Account(s) to Transfer To:**

<b>Account No.</b>	<b>* Current Budget Amount</b>	<b>Transfer Amount</b>	<b>Revised Budget Amount</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NOTE: Request Only Even Dollar Amounts To Be Transferred**  
**Send Entire Form to AS VP of Finance - TSU 207**  
**Accounting Office Will Forward Electronically**  
**Program Copy Upon Approval**

**Reason for Transfer:**

**\* Current budget amount should be entered here; however, if other transfers have occurred, contact AS Accounting Office (x2404) for amount to enter here.**

**Approvals:**

Program Director or Advisor \_\_\_\_\_  
Print Name Signature Extension

AS Vice President of Finance or Designee \_\_\_\_\_

Line Item Transfer Completed By \_\_\_\_\_  
A.S. Accounting Personnel Date



**ASSOCIATED STUDENTS, INC.**  
CALIFORNIA STATE UNIVERSITY, FULLERTON

**Request for Line Item Transfer**  
**Instructionally Related Activities Budget**

Fiscal Year \_\_\_\_\_

Program Name \_\_\_\_\_ Date \_\_\_\_\_

**Account(s) to Transfer From:**

Account No.	* Current Budget Amount	Transfer Amount	Revised Budget Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Account(s) to Transfer To:**

Account No.	* Current Budget Amount	Transfer Amount	Revised Budget Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NOTE: Request Only Even Dollar Amounts To Be Transferred**  
**Send Entire Form to AS VP of Finance - TSU 207**  
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**Approvals:**

Program Director or Advisor \_\_\_\_\_  
Print Name Signature Extension

AS Vice President of Finance or Designee \_\_\_\_\_

Line Item Transfer Completed By \_\_\_\_\_ Date \_\_\_\_\_  
A.S. Accounting Personnel