

Marywood University  
Fiscal Services, LAC Room 70  
**Expense Transfer Request**

Authorized by (Requesting Dept):

Date:

\_\_\_\_\_  
Approved by(Receiving Dept):  
\_\_\_\_\_

\_\_\_\_\_  
Date:  
\_\_\_\_\_

**FROM - where the expense originally hit**

<i>Account Number xx.xx.xxxxxx.xxxxx.xx</i>	<i>Project ID</i> <small>N/A if not applicable</small>	<i>Amount</i>

\_\_\_\_\_ :amount to transfer

**TO - where the expense should hit**

<i>Account Number xx.xx.xxxxxx.xxxxx.xx</i>	<i>Project ID</i> <small>N/A if not applicable</small>	<i>Explanation</i>

**NOTE:** ALL relevant supporting documentation must be attached.

If the Department receiving this transfer is **NOT** under your authority, the receiving Budget Manager **MUST** approve this transfer.

Please send Expense Transfer Requests to Fiscal Services, LAC Room 70 or, Email to: [accountspayable@maryu.marywood.edu](mailto:accountspayable@maryu.marywood.edu)  
Thank you.