

Account Adjustment or Transfer Request



Use this form when expenses have been charged to the incorrect account, funds need to be transferred to another department, or other adjustments.

Account Information

Please charge account : _____ \$ _____

and credit account: _____ \$ _____

Please provide the FAST Document # if applicable:
(eg. I0543210, F0123456) _____

Reason:

(Please complete
online or write
clearly)

Authorization

Complete appropriate authorization section.

Requestor has signing authority on both of above accounts:

Signing Authority of above accounts:

Name: _____

Signature: _____

Date (mm/dd/yyyy): ____ / ____ / ____

Requestor has signing authority on only one of the above accounts:

Signing Authority of charged account:

Name: _____

Signature: _____

Date (mm/dd/yyyy): ____ / ____ / ____

Signing Authority of credited account:

Name: _____

Signature: _____

Date (mm/dd/yyyy): ____ / ____ / ____

Note: Operating capital transfers must be approved by the Director, Financial Services

Name
Director, Financial Services

Signature
Director, Financial Services

Date (mm/dd/yyyy)

Send the completed form to: Financial Services | Abbotsford Campus A291