



# FLORIDA INTERNATIONAL UNIVERSITY

Controller's Office ▪ University Park CSC 310 ▪ Miami, FL 33199

Received  
Date/Time  
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## Inter-Departmental Transfer Form

Controller's Office Use ONLY	
Journal ID:	Journal Date:

Dept. Internal Tracking #	Date:

Initiating Department/Project Information:	
Preparers Name:	Panther ID:
E-Mail:	Room Number:
Department Name:	
Departmental Authorization:	Print Name                      Signature
Preparers Phone Extension:	Fax Number:

Benefiting Department/Project Information:		
Contact Name:	Panther ID:	
E-Mail:	Room Number:	
Department Name:		
Departmental Verification:	Print Name                      Signature	
Contact Phone extension:	Benefiting Reference #:	Date of event/goods & services:

<b>Justification:</b>	
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Initiating Department/Project Accounting Information:		
Charge Dept/Proj ID	Charge Account #	Debit Amount

Benefiting Department/Project Accounting Information:		
Benefiting Dept/Proj ID	Benefit Account #	Credit Amount

**Notes: Inter-Departmental Transfers will only be processed with a completed form and ORIGINAL AUTHORIZED signatures.**

**\* Please attach all supporting documents if necessary.**