



Credit Card Solutions Departmental Card Transfer of Charges Request

TO BE COMPLETED BY THE DEPARTMENTAL CARD APPROVER

Approver Name: Approver PID#
 Approver E-Mail: Approver Phone Extension: Room Number:
 Department Name:

REASON FOR THE TRANSFER OF CHARGES- REQUIRED

How & why did the error occur? _____

 What steps will be taken to prevent these errors from reoccurring? _____

 If over 90 days, why was the transfer not done earlier? _____

CERTIFICATION STATEMENT- Approver Signature required for ALL adjustments

By signing below, I certify that these transfers are accurate and true.
 By signing below, I agree to file this original document with the Departmental Card Statement.
 X: _____ Date: _____

Cardholder PID#: Statement Billing Date: Voucher #:

| Where Charge Appears in the Ledger | | | | | | To be Charged | | | | |
|------------------------------------|----------------------------|----------|------|-----------|--------|----------------------------|----------|------|-----------|--------|
| Voucher Line | Activity Nbr or Project ID | Cost PID | Fund | Account # | Amount | Activity Nbr or Project ID | Cost PID | Fund | Account # | Amount |
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DIVISION of RESEARCH APPROVAL- REQUIRED FOR PROJECTS ONLY

Signature-DOR Approval: X _____ Date: _____
 Signature- AVP of Research or Director (required for all transactions over 90 days): X _____ Date: _____

FOR CONTROLLER'S USE ONLY

| | |
|---|--|
| CCST-Submitted to AP By: _____ Date: _____ | AP-Entered By: _____ Journal Voucher #: _____ Date: _____ |
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NOTE 1: All adjustments involving Project ID's must be submitted to DOR for pre-authorization
NOTE 2: When completed, fax all non-project related adjustments to The Credit Card Solutions Team ▪ 305-348-1623

CD: 07/01/10
RD: 3/02/2016
FRM: CCS13