

**TRANSFER VOUCHER**  
Southern Illinois University Edwardsville

General instructions:

1. The fiscal officer must sign for each unique Budget Purpose.
2. Grants Signature is required for Grant Accounts. (A spot for Grants to sign will pop-up when a grant account is entered in the Budget Purpose field.)
3. The original form and backup must be emailed to [adminaccounting@siue.edu](mailto:adminaccounting@siue.edu).

**Department Contact Information**

Name:	Phone No.:	Campus Box:	Email:
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**Disbursing Account**

Invoice Accounting Flexfield

Date	Fund	Unit	Budget Purpose	Dept Act 1	Dept Act 2	Func	Nat Acct	Obj	Budget Purpose Description:	\$ Amount

Fiscal Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

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Fiscal Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Receiving Account**

Invoice Accounting Flexfield

Date	Fund	Unit	Budget Purpose	Dept Act 1	Dept Act 2	Func	Nat Acct	Obj	Budget Purpose Description:	\$ Amount

Fiscal Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

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Fiscal Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Activity/Service \_\_\_\_\_

Description of Transaction