CASH TRANSFER FORM

General Accounting Office
3201 Arch St., Suite 400
Fax: (215) 895-1426

Accounting Use Only

Doc. No. _____

Approval _____ Date _____

Data Entry _____ Date

*** Use this form to transfer cash to/from Signature, Non-Signature Departments and IDX for Departments.**

FROM Fund Number	FROM Org Number	FROM Account No.	COMMENTS	TO Fund Number	TO Org Number	TO Account No.	Amount	*Acctg. Use* Seq. No.
							$	
							$	
							$	
							$	
							$	
							$	
							$	
							$	
							$	
							$	
							$	

Approvals:

Cash Manager _____ _____ _____

Signature: Print Name Date