

TRANSFER VOUCHER

SOUTHERN ILLINOIS UNIVERSITY

Please complete the following information, attach to any backup and forward to Accounting Services. If you have any questions, please call Accounting Services.

General Instructions:

1. The fiscal officer/delegate must sign for each Budget Purpose/University Account.
2. The original form and backup must be returned to Accounting Services.

Accounting Services:
Carbondale: 536-2623

MC 6812

Transfer Number: _____

Is the transfer to or on behalf of a U.S. Citizen or Permanent Resident? Yes No

If no, DO NOT continue with this form. The actual beneficiary of the payment must complete an Alien Information Collection Form and Form W-8BEN; these forms must be attached to the Contractual Service Voucher.

AIS Account Information

AIS Disbursing Account

Budget Purpose	Dept Act 1	Dept Act 2	Nat Acct	Object	FY	Budget Purpose Description	Dollar Amount

Fiscal Officer Signature _____ Date: _____

Office of Sponsored Projects Administration signature required for all grant accounts.

OSPA Grant Assignee Signature _____ Date: _____

AIS Receiving Account

Budget Purpose	Dept Act 1	Dept Act 2	Nat Acct	Object	FY	Budget Purpose Description	Dollar Amount

Fiscal Officer Signature _____ Date: _____

Office of Sponsored Projects Administration signature required for all grant accounts.

OSPA Grant Assignee Signature _____ Date: _____

Date of Activity / Service: _____

Description of Transaction: _____