FUNDS ALLOCATION REQUEST

SOUTHERN ILLINOIS UNIVERSITY

Fiscal Year: _____

Date Initiated _____

Check if transfer is P/S to OTS, or vice versa ☐

DECREASE Position ID #	Budget Purpose Description	Fund	Unit	BP	DA1	DA2	Func	NA	Current	Projected	Comments

Add Additional Decrease Lines

TRANSFER DECREASE TOTAL

INCREASE Position ID #	Budget Purpose Description	Fund	Unit	BP	DA1	DA2	Func	NA	Current	Projected	Comments

Add Additional Increase Lines

TRANSFER INCREASE TOTAL

_____ _____

Transferred By Date

ADMINISTRATIVE APPROVALS

_____ _____ Chair/Fiscal Officer Date

_____ _____ Dean/Director Date

_____ _____ Vice Chancellor/Provost Date

_____ _____ Budget Office Date

_____ _____ Other administrative approval Date

_____ _____ Other administrative approval Date

_____ _____ Chancellor Date

_____ _____ President Date