Georgia State University | PERIMETER COLLEGE

FISCAL YEAR

TO: *FINANCE OFFICE, DECATUR CAMPUS*   DATE:
                                                            (MM/DD/YYYY)

FROM:
            (Authorized Budget Manager)

Department:

Campus: Clarkston   Decatur   Dunwoody   Newton   Alpharetta   Lakeside

DEPOSIT: Description

 (Speedtype)   (Department)   (Project/Grant)   (Account)   (Amount)

OR, TRANSFER FROM ACCOUNT: (*Decrease*)

 (Speedtype)   (Department)   (Project/Grant)   (Account)   (Amount)

 (Speedtype)   (Department)   (Project/Grant)   (Account)   (Amount)

 (Speedtype)   (Department)   (Project/Grant)   (Account)   (Amount)

TRANSFER TO ACCOUNT (*Increase*)

 (Speedtype)   (Department)   (Project/Grant)   (Account)   (Amount)

 (Speedtype)   (Department)   (Project/Grant)   (Account)   (Amount)

 (Speedtype)   (Department)   (Project/Grant)   (Account)   (Amount)

PURPOSE:

APPROVAL: _____   **Date:** _____   **Journal ID#**_____
            (Finance Office)