COLUMBUS STATE
COMMUNITY COLLEGE

Budget Transfer

Financial Accounting and Reporting & Office of Budget and Financial Planning

Fiscal Year:
Date:
Type:

TRANSFER FROM

Executive Office:

Cost Center Name:

Cost Center Name	Object Code Description	GL Account	Project ID	Amount to Decrease	Notes
			Transfer Total:	$ 0.00	

TRANSFER TO

Executive Office:

Cost Center Name:

Cost Center Name	Object Code Description	GL Account	Project ID	Amount to Increase	Notes
			Transfer Total:	$ 0.00	

Justification: (Transfer will not be processed without justification)	

Approvals for Budget Transfer

Initiated By:

Chair/Supervisor:
(accounts within same CC)

Dean/Director:

Cabinet Member:
Executive Office (Between cost centers in the same Executive Office, including payroll accounts)

Notes: (If transfer involves positions, please add slot and PCN information)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Category	Object Code	% / Rate
Grp. Insurance	50200	$8,293 per ft headcount
Retirement	50010	14.00%
Medicare	50320	1.50%
Unemployment	50330	0.40%
Workers Comp	50340	0.28%
		16.18%

Clear Form

Submit

Revised: 04/2016