CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
Budget Transfer Request Form
(For Conversion of Serial Positions Only)

TO: Budget Office Date: __________

From:

Subject: Conversion of Serial Position Funds

Instructions: Submit original and one (1) copy. One copy will be returned with action taken. Form must be filled out completely.

NAME OF INCUMBENT: ____________________________________________

POSITION DESCRIPTION: __________________________________________

POSITION CODE: ___________ FRACTION: ___________________________

RANGE: ___________ STEP: ___________ MONTHLY SALARY: ___________

EFFECTIVE DATES: FROM: __________________ TO: __________________

POSITION BUDGET _______ FUNDS PAID _______ AVAILABLE FOR TRANSFER: $ _______

Purpose of Conversion: __________________________________________________________________________________________

Transfer From: _______________ 3050 Amount: _______________

Transfer To: ___________________ 3 Digit Acct. Description Blanket # Acct. Code Dollar Amount

Authorized Signature: ____________________________ Contact Person: __________________ Ext. __________________

(For Budget Office use only)
Log Number __________________________ Local Ref. __________
Date Transaction Completed ________________

Comments: __________________________________________________________________________________________

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CSUSB Form 1-121-12 (Revised 9/98)