



To: **Accounting Department**

Date: _____

ACCOUNT ADJUSTMENT or TRANSFER REQUEST
(Adjusting Journal Entry)

Please charge account _____ \$ _____

and credit account _____ \$ _____

Reason: _____

- Requestor has signing authority of above accounts:

Name: _____

Signature: _____

- Requestor has signing authority on only one of the above accounts:

Signing authority of charged account:

Signing authority of credited account:

Name: _____

Name: _____

Signature: _____

Signature: _____

Note: Operating capital transfers must be approved by the Director of Finance.

Signature
Director of Finance

Date