



**KNOX**  
COLLEGE

**BUSINESS OFFICE**  
2 East South Street, Box K-147  
Galesburg, Illinois 61401-4999  
309-341-7313 Phone  
309-341-7076 Fax

# ACTUAL EXPENSE/REVENUE TRANSFER REQUEST

**RETURN COMPLETED FORM TO:** Business Office, K-Box 147

Account number for where Expense/Revenue  
has already been recorded:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Account number for where you want  
Expense/Revenue to be moved to:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Dollar amount to be moved/transferred:

\$ \_\_\_\_\_

Please provide invoice numbers and/or PO numbers (if applicable), plus a brief explanation for requesting this transfer.  
Any supporting documentation you have may also be attached to this form.

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\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Budget Director

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
*If amount exceeds \$5,000.00, signature of VP for Finance*

\_\_\_\_\_  
Date