



INTERNAL TRANSFER

Apr 2007

JOURNAL NO:

JNL MONTH: _____

DETAILS OF TRANSACTIONS	UNIT COSTS		TOTAL COST	

Please ✓ tick appropriate box Goods & Services Received by
 Transfer in of Expenditure
 Transfer out of Income

DEBIT

BC	Activity	Account	FS	Entity	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Faculty/School/Division: _____ Date: ____ / ____ / ____

Authorised By: _____ Username: _____

Please ✓ tick appropriate box Goods & Services Received by
 Transfer in of Expenditure
 Transfer out of Income

CREDIT

BC	Activity	Account	FS	Entity	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Faculty/School/Division: _____ Date: ____ / ____ / ____

Authorised By: _____ Username: _____

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Please attach any supporting documentation.