MISSISSIPPI STATE UNIVERSITY
TRANSFER REQUEST
(Budget, Cost Share, or Cash Transfers)

TRANSFER FROM/ DEBIT

DEPARTMENT NAME	FUND	ORG	ACCT	PROG	ACTIVITY	POSITION	AMOUNT
							0

TRANSFER TO/CREDIT

DEPARTMENT NAME	FUND	ORG	ACCT	PROG	ACTIVITY	POSITION	AMOUNT
							0
						Net Total	

Reason for transfer:

Type of Transfer: **Permanent** ☐ **Temporary** ☐ **Released** ☐ **Cost Share** ☐ **Cash Transfer** ☐

Title	**Approval Signature**	**Date**
Business Manager		
Next Higher Administrator		
Vice President*		

Prepared by

Name _____

Phone _____

Date _____

eForm No _____

***Vice President's signature required for the following 10-fund transfers:**

Permanent transfers

Transfers crossing divisions

Transfers to Designated, Restricted, Cost Share or Plant Funds

Transfers involving salaries (401000)

Email completed form to:
budget@controller.msstate.edu
For Cash Transfer NOT involving the 10 fund email form to:
rpa@controller.msstate.edu

Internal Use Only

Version Control: Version: 1.0 Date 1/30/2026