

Transaction Form

BSU
NTC

Budget
Revenue/Expense

Division / College: _____

Transaction Description: _____
(48 Characters)

PO Reference if Applicable _____

Fiscal Year (4 digits)	Cost Center Number (6 digits)	Object Code (4 digits)	Dollar Amount	(-/+) Debit/Credit

Requested by _____
Cost Center Designee *Date* *Phone #*

Accepted by _____
Other Cost Center Designee *Date* *Phone #*

*****All fields must be completed to assure proper processing*****
*****Return to Business Services - Box 5*****



Business Service Use Only

Approved by _____
Business Office *Date* *Phone #*

Reviewed by _____
Business Office *Date* *Phone #*

Transaction Type: _____ Transaction No.: _____