## University of Waterloo

## **Salary Expense Transfer Request**

Transfer fu	inds for employee:			
First Name:		Last Name:		Employee ID :
where an en	nployee's salary will be	nd benefit amounts that have already charged to on a go forward basis, p		ferent account(s). To request a change to ting Allocation Request Form.
	<u>-</u>	storied as well as earnings.		
Reason for transfer:  Incorrect account details assigned by originator Effective date of award back-dated Ineligible expense Data input error Other			Please identify the original expenditure in the General Ledger (GL) as follows:  A copy of the related salary detail report showing the account details to which the amount(s) was originally charged must be attached to support the transer.  GL period(s) transaction originally posted to:	
Note: If any	research accounts in Fund	d 105 are being charged, a Research Fina	nncial Compliance & Eligibility Stam	p is required.
Original acc	count details charged:			
EARNINGS	ACCOUNT	- WORK ORDER	ACTIVITY	AMOUNT
EARNINGS EARNINGS	ACCOUNT	WORK ORDER	ACTIVITY	AMOUNT
BENEFITS	ACCOUNT	WORK ORDER	ACTIVITY	AMOUNT
BENEFITS	ACCOUNT	WORK ORDER	ACTIVITY	AMOUNT
BENEFITS	ACCOUNT	WORK ORDER	ACTIVITY	AMOUNT
Correct acc	ACCOUNT	WORK ORDER	ACTIVITY	AMOUNT
EARNINGS		-		
EARNINGS	ACCOUNT	WORK ORDER	ACTIVITY	AMOUNT
EARNINGS	ACCOUNT	WORK ORDER	ACTIVITY	AMOUNT
BENEFITS	ACCOUNT	WORK ORDER	ACTIVITY	AMOUNT
BENEFITS	ACCOUNT	WORK ORDER	ACTIVITY	AMOUNT
BENEFITS	ACCOUNT	WORK ORDER	ACTIVITY	AMOUNT
	ACCOUNT	WORK ORDER	ACTIVITY	AMOUNT
Approva	als:			
Ac	ecount Authorization	on Signature:		
Date:		Name (Please print)	):	
Fin	nancial Officer/Exe	cutive Assistant Approval:	Name (Please pri	int):