



JOURNAL ENTRY REQUEST FORM

University Hall 360
Phone: (818) 677-7682
Fax: (818) 677-2840
Mail Code: 8334

Reference No.: _____ (Optional)

Reason for Journal Entry (JE): _____

EXPENDITURE BEING TRANSFERRED FROM/OR REVENUE TRANSFERRED TO (CREDITS):

| LINE | ACCOUNT | FUND | DEPT ID | PROGRAM | CLASS | PROJECT/GRANT | AMOUNT | FTE | DESCRIPTION |
|------|---------|-------|---------|---------|-------|---------------|----------|-------|-------------|
| 1. | _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ | _____ | _____ |

TOTALS: \$ _____

EXPENDITURE BEING TRANSFERRED TO/OR REVENUE TRANSFERRED FROM (DEBITS):

| LINE | ACCOUNT | FUND | DEPT ID | PROGRAM | CLASS | PROJECT/GRANT | AMOUNT | FTE | DESCRIPTION |
|------|---------|-------|---------|---------|-------|---------------|----------|-------|-------------|
| 1. | _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ | _____ | _____ |

TOTALS: \$ _____

Prepared by: _____ Financial Approver: _____ Date: _____

Print Name: _____ Ext: _____

NOTE: Please provide proper documentation as appropriate (*PEAS reports, MOU, MOU Worksheets, ledger balance reports, etc.*). If documentation is not included as noted, the request form will be returned. FTE must be completed for salary expenditures (1.0 FTE is equivalent to one month's full time salary).