

JV Request Form

****MUST BE COMPLETELY FILLED OUT****

****Include all supporting emails with the director's request and the trial balance report showing the transaction to be moved****

Name of Program:

Program Number:

Today's Date:

Director or person requesting JV:

Reason for request, in detail:

TRANSFER FROM If multiple JV's/line items, contact a Contract Representative for instructions prior to filling form out.

Original Journal Entry Number:

Account Name:

Program Number and Line Item Number:

Amount:

Date of Transaction:

TRANSFER TO

Account Name:

Program Number and Line Item Number:

Amount:

Contract Rep's Signature: _____

TO BE FILLED OUT BY CONTROLLER

Completed By: _____

Completed Date: _____