DEPARTMENT OF EDUCATION CITY OF NEW YORK
Division of Financial Operations
Accounting Transaction Control
65 Court Street – Room 1802, Brooklyn, New York 11201

REQUEST FOR TRANSFER OF O.T.P.S./BULK P.S. COSTS

1. # of LINES	2. DOCUMENT AMOUNT	J.E. DOCUMENT #

4. RESPONSIBILITY CENTER REFERENCE	5. NAME OF PAYROLL		6. REASON FOR REQUEST	COMMENTS:
	DE NUMBER	BANK NUMBER		

TRANSFER TO (DEBIT) +

7. SFX	8. TRAN CD	9. FY	10. DOCUMENT REFERENCE SFX	11. DIST	12. QUICK CODE	13. SOURCE	14. OBJECT	15. LINE	16. LOCATION	17. AMOUNT
									18. TOTAL DEBITS	

TRANSFER FROM (CREDIT) -

19. SFX	20. TRAN CD	21. FY	22. DOCUMENT REFERENCE SFX	23. DIST	24. QUICK CODE	25. SOURCE	26. OBJECT	27. LINE	28. LOCATION	29. AMOUNT
									30. TOTAL CREDITS	

31. PREPARED BY			32. BUDGET OFFICE REVIEW *(for Central Headquarters use only)*	
NAME:	TITLE:		☐ APPROVED	☐ DISAPPROVED
DATE:	TELEPHONE:	BOROUGH:	REASON FOR DISAPPROVAL:	
DISTRICT OFFICE OR RESPONSIBILITY CENTER:			SIGNATURE:	
STREET AND NUMBER:			DATE:	TELEPHONE:

REVISED 9/2005 VMT