

Interlocation Transfer of Funds
UFIN 1520 I (R10/01)

Approved for use by Multi-campus Research Units (MRUs)

Date Prepared:		
MM	DD	YY

No.	Suffix	Class

Effective Fiscal Year:
20

Instructions to Department or Program: Use of this Excel format is optional, and may be used in place of the older 4-part carbon set (R7/92), providing that the original is signed in ink at the appropriate levels. Do not submit electronically. Refer to Interlocation Transfer of Funds instructions for further information. Department sends photocopies as noted below, and forwards original for required ink signatures. UCOP Division will review, approve, and assign TOF number, then make additional required copies for budget offices. Multi-page transfers, when necessary, will require that you re-format the totals and number the pages (1 of 2, etc.). Each transfer (single or multi-page) should contain transactions for no more than two locations. This form may be used until further notice.

Line	Account Title	LOC 1	LOC 2	Account Number	Fund Number	SUB	SUB *	Description of Transaction (18 spaces)	Current Year Amounts		PERM FTE (+/-)	Permanent Amounts	
									Debit	Credit		Debit	Credit
1	XYZ Research: UCSC	07	1	445678	69850	3		To M-441234	2,000.00				
2	Unexpended Fund Bal	07	1	119850	69850			To M-119850		2,000.00			
3	Program X: UCOP	04	2	441234	69850	8		Fr 7-445678		2,000.00			
4	Unexpended Fund Bal	04	2	119850	69850			Fr 7-119850	2,000.00				
5													
6													
7													
8													
9													
10													
Prepared by:		Telephone No:											
Alice Burke		831-459-5500						TOTALS: **	4,000.00	4,000.00		0	0

** Note: Totals will be entered automatically if transfer is a single page.

* Note: The second "SUB" column is only used at UC Davis. If the Receiving department is at UCD, and they give you a second sub number, enter that number in the second sub column.

Page# _____
 (Example: 1 of 3, 2 of 3, etc.)

Fully explain why the funds are being transferred, and reference any documentation on file:
 Per award letter from Program Director Smith to PI Grantee dated MM/DD/YY. Award Number XYZ-789-0000-02.

Photocopies were sent by department or program to:

1	
2	
3	
4	

APPROVALS:

Local Department Level Ink Signature:
 Local Division Level Ink Signature:
 Local Budget Office, Ink Signature:
 UCOP Office of Research Signature:
 UCOP Academic Affairs Division Signature:

	Date Signed:
	Date Signed:
	Date Signed: <small>Check if Appropriate:</small>
	Temp TOF _____
	Perm TOF _____
	Date Signed: Budget/Acctg Ofc
	Entry _____

Accounting Office Review

	BY:	DATE:
Approvals		
Coding		
Funds		
Salaries		
Approved		

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1 Date Prepared: _____

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Line	Account Title	LOC 1	LOC 2	Account Number	Fund Number	SUB	SUB *	Description of Transaction (18 spaces)	Current Year Amounts		PERM FTE (+/-)	Permanent Amounts	
									Debit	Credit		Debit	Credit
1	2	3	4	5	6	7		8		9			
2													
3													
4													
5													
6													
7													
8													
9													
10													
Prepared by: 10		Telephone No: 11						TOTALS: **	0.0	12	0.00	0	0

** Note: Totals will be entered automatically if transfer is a single page.

* Note: The second "SUB" column is only used at UC Davis. If the Receiving department is at UCD, and they give you a second sub number, enter that number in the second sub column.

Page# _____
(Example: 1 of 3, 2 of 3, etc.)

Fully explain why the funds are being transferred, and reference any documentation on file:
13

Photocopies were sent by department or program to:

1	
2	
3	
4	

APPROVALS:

Local Department Level Ink Signature:	14	Date Signed: _____
Local Division Level Ink Signature:	15	Date Signed: _____
Local Budget Office, Ink Signature:		Date Signed: _____
UCOP Office of Research Signature:		Date Signed: _____
UCOP Academic Affairs Division Signature:		Date Signed: _____

Check if Appropriate:
Temp TOF _____
Perm TOF _____
Budget/Acctg Ofc Entry _____

Accounting Office Review

	BY: _____	DATE: _____
Approvals		
Coding		
Funds		
Salaries		
Approved		

1. Date Prepared: Format is MM DD YY
2. Account Title: The Org Title for account debiting. General title for account crediting if exact title unknown - ie UCLA Research. For income/revenue accounts, use standard titles: UCOP General Funds (M-219900), UCSC State Support (7-219900), Unexpended Balance - Specific Funds (119850).
3. LOC1: Use 2 digit numeric campus number. See Appendix A for valid Location Codes.
4. LOC2: Use '1' for transfers to campus local or '2' for transfers to systemwide entities. See Appendix A for valid Location Codes
5. Account Number: Use 6 digit numeric value (Org Code for UCSC account being debited) except for LOC1 01 (Berkeley Campus) which uses an alpha character followed by 5 numeric digits.
6. Fund Number: Use 5 digit numeric fund number. The fund number must be the same for all lines in a transaction unless it is University Opportunity Funds.
7. Sub: Use 1 digit numeric code that corresponds to Pool Budget account. See Appendix B for valid Sub numbers.
8. Description of Transaction: Enter To/Fr LOC-Account (See Sample form). Use single digit location code for transfer to campus local or Alpha Code if transferring to systemwide entity.
9. Current Year Amounts: Enter amount of transfer. Debits must equal Credits and must be offset by equal amounts in the appropriate Balance/Revenue accounts. Transaction must balance by location.
10. Prepared By: Enter name of person who initiates transaction and can answer questions regarding the transaction.
11. Telephone No: Enter phone number, including area code and extension, of person entered on Prepared By line.
12. TOTALS: These cells are pre-formatted to sum each column. Debits must equal Credits.
13. Explanation: NOTE: This field has a 500 character maximum - including preparer's name, location, and telephone number; please be concise. The explanation should include chart strings if provided, activity codes if applicable, award numbers, names and dates on request/approval letters that are on file. The information should also be meaningful to the recipient campus and potential auditors.
14. Local Department Level Ink Signature: Authorized signer such as Division, Department, or Unit head.
15. Local Division Level Ink Signature: Depending on authorization levels, a second, Division level signature may be required.

If you have additional questions, please contact Alice Burke, Planning & Budget, 459-5500 or aburke @ucsc.edu.

Appendix A
Valid Location Codes

<u>UC Loc 1</u>	<u>UC Loc 2 Code</u>		<u>Campus</u>	<u>UCOP</u>	<u>UC Campus</u>
	<u>Campus</u>	<u>UCOP</u>	<u>Local</u>	<u>Alpha Code</u>	
01	1	2	1	J	Berkeley
02	1	2	2	K	San Francisco
03	1	2	3	L	Davis
04	1	2	4	M	Los Angeles
05	1	2	5	N	Riverside
06	1	2	6	O	San Diego
07	1	2	7	P	Santa Cruz
08	1	2	8	Q	Santa Barbara
09	1	2	9	R	Irvine
10	1	2	0	S	Merced

Appendix B
Valid Sub Numbers

<u>Sub #</u>	<u>Description</u>	<u>Pool Budget</u>	<u>Description</u>
0	Salaries--Academic	B00000	Academic Salaries
1	Salaries--Staff	B01000	Staff Salaries
2	General Assistance	B02000	General Assistance
3	Supplies & Expense	B03000	Non-Capital Expenditure - Budget
4	Equipment & Facilities	B04000	Capital Expenditure - Budget
5	Code available for special items	B05000	Use B03000
6	Employee Benefits	B06000	Retirement & Employee Benefits
7	Code available for special items	B07000	Use B03000
8	Code available for special items	B08000	Unallocated Budget
9	Recharges to other departments	B09000	Recharge Revenue Pool