



**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.	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____
<b>TOTALS:</b>							\$ _____		

**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.	_____	_____	_____	_____	_____	_____	\$ _____	_____	_____
<b>TOTALS:</b>							\$ _____		

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).