

NetCom Expense Transfer Form

Shaded area must be completed. Please fax completed form to 545-1234 the NetCom Systems Office by the 21st of the month at 545-1798. Please contact the NetCom Systems Office at 545-5737 if you have questions related to this form.

Preparer Name: _____ Date: _____
 Department: _____ Phone: _____
 Signature of Person with Financial Responsibility: _____ Date: _____
 Signature of Principal Investigator: _____ Date: _____
 (Required for GRANT ACCOUNTS only)

New Speed Type #: _____ Old Speed Type #: _____
 New Department ID: _____ Old Department ID: _____
 New Fund #: _____ Old Fund #: _____
 Project/Grant #: _____ Project/Grant #: _____
 Grant Expiration Date (MM/DD/YY): _____ Grant Expiration Date (MM/DD/YY): _____

I. To transfer **FUTURE CHARGES**, Effective (MM/DD/YY): _____, please either:
 A. Check this box to move **ALL ITEMS** charging on the old account.
OR
 B. List specific charges to be moved and check appropriate type of service:

Extension	Print Full Name	Equip.	Auth Code	Calling Card	Voice Mail
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

For Office Use Only
 Completion Date: _____
 Initials: _____

For Cell Phone: # _____ Full Name _____ Carrier _____

Please fax past expenses to Controller at 5-9973 or email to: jrnl@admin.umass.edu

II. To Transfer **PAST EXPENSES**, please either:
 A. Check this box to move **ALL YEAR TO DATE** expenses from the beginning of the fiscal year
OR
 B. Fill in the dollar amounts next to the appropriate object code:
NOTE: Past Expenses occurring on an account FROZEN by the Controller's Office **cannot** be processed on this form.

Time period	Expense occurred	Account Code	Amount
(MM/DD/YY) _____	_____	734700 (equipment)	\$ _____
(MM/DD/YY) _____	_____	734740 (long distance)	\$ _____
(MM/DD/YY) _____	_____	734770 (adjustment)	\$ _____

For Controller's Use Only
 Completion Date: _____
 Initials: _____