

THE CALIFORNIA STATE UNIVERSITY
Office of the Chancellor
400 Golden Shore Drive
Long Beach, California 90802-4275
(562) 985-2900

Date: January 13, 1999 **Code: AD NOAT 99-06**

TO: Financial Managers
Accounting Officers
Budget Officers

From: William P. Musselman
Acting Accounting Director
Business and Finance

Subject: New Cash Transfer Form

The State Controller's Office has changed the form for cash transfer transactions. In lieu of the cash transfer letter, the SCO now requires a new cash transfer form to be submitted with Claim Schedules or PFAs. The new form is quite similar to the form currently used for PFAs. The Chancellor's Office has prepared a template for each Bond Fund (0785, 0791, 0705, 0658, 0574). Campuses will need to enter their own information; such as campus name and address. Please do not change any of the account numbers on the template or its size, which should be legal. Refer to the template for other fields that need to be completed, such as CS or PFA number for agency document number and description. The legal reference, located on the "LEGAL AUTHORITY AND REASON FOR REQUEST" box, is the chapter and year that the projects were approved. For example: Fund 0658 has three possible legal references - 162/96 (for projects approved on the 1996 budget act, chapter 162), 282/97, or 324/98. Please begin using the new form as soon as possible.

For those campuses that have Fund 660 or Fund 576 projects that required a cash transfer letter, please contact Raymond Juanico for a copy of the template.

The new cash transfer forms (templates) are available on the CO Accounting Department's website at www.acct.co.calstate.edu.

Questions may be directed to Mr. Raymond Juanico at (562) 985-2998 or via e-mail at rjuanico@calstate.edu.

WPM:RJ:tp AD NOAT 99-06


Attachment

c: Ms. Lisa Chavez
Mr. William Musselman
Ms. Ruth Stipp
Accounts Payable Managers

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STATE CONTROLLER'S USE ONLY		
DOCUMENT NO.	DATE	MSG Code
J E	1 9 9	Y S

STATE OF CALIFORNIA
OFFICE OF THE STATE CONTROLLER
TRANSACTION REQUEST

STATE CONTROLLER'S USE ONLY	
TC Code	VERIFIED BY:
3 8	DATE:

PAGE ____ OF ____

Agency: < CAMPUS NAME >	Address: < CAMPUS ADDRESS >	Agency Document Number: < CLAIM SCHEDULE or PFA NUMBER >
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FUND	AGY	FY	M	REF / ITEM	FED CAT	P/N	C	CAT	PGM	ELE	COMP	TASK	ACCT	SCO USE	REV / OBJ	AMOUNT	D	SCO USE				SOURCE	
																	C	A	T	O	B	FUND	
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DESCRIPTION				(DNKP) CHAPTER NUMBER/YEAR/ITEM				PROGRAM DESCRIPTION															
< CLAIM SCHEDULE or PFA NUMBER-AGENCY NUMBER >																							
0 5 7 4 0 0 1	6 6 2 0	1 9 9 8													0 3 0 5 7 4 0		C	R					
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P M I B 9 8 9 0 3 0																							
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TYPE OF TRANSACTION: <p style="text-align: center;">Transfer of Cash</p>	I hereby certify under penalty of perjury that I am duly appointed, qualified, and acting officer of the herein named State agency, department, board, commission, office or institution; that the within transfer is in all respects true, correct, and in accordance with all applicable provisions or restrictions in the Budget Act, Federal Regulations, or other statute pertaining to the particular appropriation.
LEGAL AUTHORITY AND REASON FOR REQUEST: Legal Authority Government Code Section 13306 Legal Reference Ch. 324/98 Reason Transfer of cash for the attached Claim Schedule or Plan of Financial Adjustment	
AUTHORIZED SIGNATURE:	
CONTACT PERSON:	
PHONE FOR CONTACT:	DATE:

NOT TO BE USED AS A CONTROLLER'S REMITTANCE ADVICE

CA504 (05/97)

STATE CONTROLLER'S USE ONLY		
DOCUMENT NO.	DATE	MSG Code
J E	1 9 9	Y S

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Agency: < CAMPUS NAME >	Address: < CAMPUS ADDRESS >	Agency Document Number: < CLAIM SCHEDULE or PFA NUMBER >
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FUND	AGY	FY	M	REF / ITEM	FED CAT	P/N	C	CAT	PGM	ELE	COMP	TASK	ACCT	SCD USE	REV / OBJ	AMOUNT	D	SCO USE					SOURCE FUND
																		C	A	T	O	B	
0 7 0 5 7 0 1	6 6 2 0	1 9 8 7		5 1 1				1 1															
DESCRIPTION				(DNKP) CHAPTER NUMBER/YEAR/ITEM				PROGRAM DESCRIPTION															
< CLAIM SCHEDULE or PFA NUMBER-AGENCY NUMBER >																							
0 7 0 5 0 0 2	6 6 2 0	1 9 9 8													0 3 0 7 0 5 0		C	R					
DESCRIPTION				(DNKP) CHAPTER NUMBER/YEAR/ITEM				PROGRAM DESCRIPTION															
P M I B 9 7 8 0 9 8																							
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LEGAL AUTHORITY AND REASON FOR REQUEST: Legal Authority Government Code Section 13306 Legal Reference Ch. 55/93, 139/94, 303/95, 162/96, 282/97, or 324/98 Reason Transfer of cash for the attached Claim Schedule or Plan of Financial Adjustment	
AUTHORIZED SIGNATURE:	
CONTACT PERSON:	
PHONE FOR CONTACT:	DATE:

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FUND	AGY	FY	M	REF / ITEM	FED CAT	P/N	C	CAT	PGM	ELE	COMP	TASK	ACCT	SCD USE	REV / OBJ	AMOUNT	D	SCO USE					SOURCE FUND
																		C	A	T	O	B	
0 7 9 1 7 0 1	6 6 2 0	1 9 8 7		5 1 3				1 1															
DESCRIPTION				(DNKP) CHAPTER NUMBER/YEAR/ITEM				PROGRAM DESCRIPTION															
< CLAIM SCHEDULE or PFA NUMBER-AGENCY NUMBER >																							
0 7 9 1 0 0 1	6 6 2 0	1 9 9 8													0 3 0 7 9 1 0		C	R					
DESCRIPTION				(DNKP) CHAPTER NUMBER/YEAR/ITEM				PROGRAM DESCRIPTION															
P M I B 9 8 9 0 2 9																							
DESCRIPTION				(DNKP) CHAPTER NUMBER/YEAR/ITEM				PROGRAM DESCRIPTION															
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LEGAL AUTHORITY AND REASON FOR REQUEST: Legal Authority Government Code Section 13306 Legal Reference Ch. 118/91, 587/92, 55/93, 139/94, 303/95, 162/96, 282/97, or 324/98 Reason Transfer of cash for the attached Claim Schedule or Plan of Financial Adjustment	
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