

**STATE OF OKLAHOMA
 REQUEST FOR PAYROLL FUND TRANSFER**

Transfer No. _____

TO: THE DIRECTOR OF OMES

FROM: Agency Name & No. _____

BUS. UNIT	CLASS	BUD REF.	DEPARTMENT	DEBIT	CREDIT
TOTALS					

I hereby request the above transfer.

Name: _____ Title: _____ Date: _____
 Agency's Approving Officer

(Attach additional pages if needed.)

OMES By: _____