



**DEPARTMENT OF DEFENSE
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799**

Date: _____

MEMORANDUM FOR FINANCIAL STATEMENTS AND REPORTS BRANCH, DFAS-OMAHA/ARF

THROUGH: MR. JAMES WOLFF, FINANCIAL SERVICES OFFICER, USUHS-FMG/FSO

SUBJECT: Request for Transfer of Expenses

1. Please transfer \$_____ of expenses which have been charged against area/orgn _____ but which are properly related and chargeable to area/orgn _____.

2. The reason for this transfer is:

[Provide adequate justification & documentation of the requested transfer.]

3. If you need any additional information please call:

_____ at 295- _____.

Signature, Typed Name, and
Title of Manager of Area/Orgn
Being Relieved of Expense

Signature, Typed Name, and Title
of Manager of Area/Orgn
Being Charged