

# 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: \_\_\_\_\_