| SETON HEALTHCARE NETWORK |
|---|
| INTERDEPARTMENTAL TRANSFERS |
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| PURPOSE OF FORM: |
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| This form is used to report required cost transfers to the Finance Department. |
| The source of the transfer may be: |
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| ☐ Supplies or other assets transferred from one department (other than Stores) to another |
| ☐ Errors in cost reporting, e.g. an employee clocked in under an incorrect department |
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| ☐ The loan of an employee from one department to another, and the time is not adjusted through the time clocks |
| ☐ The use of a revenue-producing service by employees of another department, e.g. attendance at a seminar or |
| participation in a cancer screening |
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| INSTRUCTIONS: |
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| Fill out all applicable fields on the form. |
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| The TRANSFER TO department is the department receiving the benefit (the supply or service) who is to be charged. Give the department name at the top of the form and use the 6-digit cost center number in the body of the form. |
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| The TRANSFER FROM department is the department providing the benefit (the supply or service) who is to receive credit. Give the department name at the top of the form and use the 6-digit cost center number in the body of the form. |
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| The amount transferred is the actual cost of the item(s) or the amount of the error. |
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| The subaccount will either be: |
| A) the same for both departments, if appropriate, and the subaccount to which the cost was originally charged in the "Transfer FROM" department. |
| B) For the transfer of cost for a department receiving a revenue-producing service or where the same subaccount would not be appropriate for both departments, the subaccounts used are "transfer" accounts rather than traditional expense and revenue accounts. The Transfer TO department will use subaccount **9490, where ** is the entity code (the same as the first two digits of the cost center number.) The Transfer FROM department will use subaccount **9290. |
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| For the transfer of Pharmacy, Dietary, and Reference Lab costs, there are specific transfer subaccounts assigned. They are (for the Tsf FROM/Tsf TO dept): |
| Pharmacy**9206/**9406 |
| Dietary**9216/**9416 |
| Reference Lab**9285/**9485 |
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| Prep 10/2002 |

SETON HEALTHCARE NETWORK INTERDEPARTMENTAL TRANSFERS

| DSMC-UT Trauma Service ASW Trauma Service | Dept name | | | Dept code * | FINANCE / ACCOUNTING USE: | | | |
|--|---|----------------------------------|---|---------------|---------------------------|---------------|-------------|--|
| TRANSFER TO (I | INSERT TNCC LOCATION/HOSP NAME | | | TNCC COST CTR | JOURNAL ENTRY - JV# | | | |
| TRANSFER FROM | M (Dept providing materials or service):: | INSERT YOUR DEPARTMENT/HOSP NAME | | | YOUR COST CTR | YOUR COST CTR | | |
| DATE OF TRANS | | | | | Cost Subaccount * | | | |
| STOCK NUMBER | ITEM DESCRIPTION - Non-salary cost | ITEM QUANTITY | | UNIT | TOTAL COST | TRANSFER | TRANSFER | |
| (If supply item) | or EMPLOYEE NAME - Salary and Hours | or WORKED HOURS | 3 | COST | TO TRANSFER | "TO" DEPT | "FROM" DEPT | |
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| * Dept code and Co | st subaccount must each be six digits | REQUEST TOTAL | | \$6 |) | | | |
| Example - 10 601 | • | | | | | = | | |
| COMPLETED BY: PHONE: | | | | | | | | |
| AUTHORIZED (RECEIVED) BY: DATE: | | | | | | | | |
| FINANCE APPROVAL: DATE: | | | | | | | | |
| REASON FOR REQUEST: | | | | | | | | |
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FORWARD TO SITE FINANCE DIRECTOR / STAFF FOR MONTHEND JOURNAL ENTRY PROCESSING