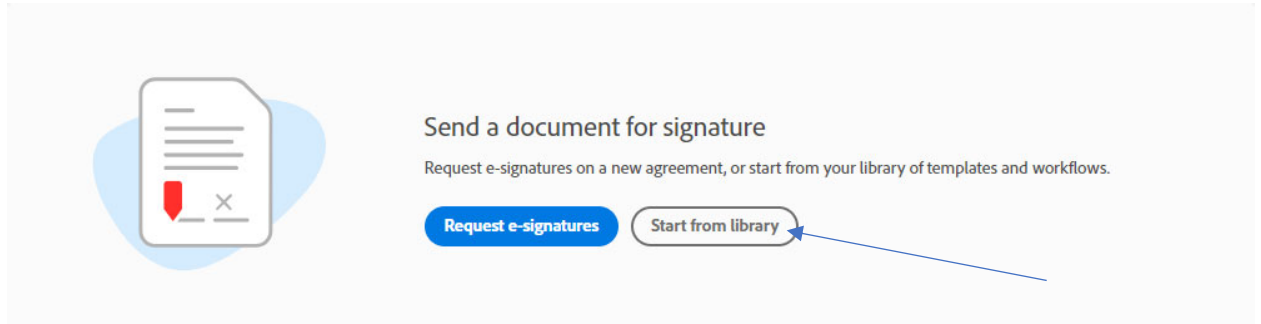


How to Submit a Budget Transfer via Adobe Sign

To complete Budget Transfer form using Adobe Sign, log in to [Adobe-Sign](#).

Instructions to login to your Adobe Sign account [here](#).

From the home page, select “Start from Library”



Select Workflows > Search “EVC” > Select ACT-007-EVC Budget Transfer (BT) Form > Start

Start from library

Library

Recent Templates

Templates

1 Workflows

2 x EVC

Name	Last Modified
Account Workflows	
HRS-006-EVC (PAF) Personnel Action Form	01/24/2023
3 ACT-007-EVC Budget Transfer (BT) Form	02/15/2023
HRS-059-EVC Board of Election (BOE)	02/15/2023

4 Cancel

Start

Enter email address for the fields with the red Asterisks:

- a. **Requestor:** Person submitting BT
- b. **Budget Manager:** Department Manager

c. Business Services Reviewer:

- i. Fund 10 and 18 (Thang Vu - Thang.C.Vu@evc.edu)
- ii. F17 Business & Workforce (Jia Tu - Jia.Tu@evc.edu)
- iii. F17 All Others (Hoa Pham - hoa.pham@evc.edu)

d. Business Services Signature: Saloshni Chand - Saloshni.Chand@evc.edu

ACT-007-EVC Budget Transfer (BT) Form

How this workflow works?
Enter instruction for sender...

Recipients

1 Requestor Signature*

 ✉ Email 💬

2 Budget Manager Signature*

 💬

3 Business Services Reviewer*

 ✉ Email 💬

Business Services Signature*

4 ✉ Email 💬

CC | [Hide](#)

Cc

5 ✕

Fund 10 and 18: Thang Vu
Fund 17 Business & Workforce: Jia Tu
Fund 17 All other grants: Hoa Pham


Change Document Name to show what fund, amount and purpose of the BT

Attach additional backup documents by dragging them underneath the BT form

1 Document Name*

2 Message*

3 Files

Document*  ACT-007-EVC Budget Transfer (BT) Form

4

Enter the fillable fields before signing off to the next signer

- a. Location
- b. Department
- c. Effective date
- d. GL fund accounts: Taking money from (CR) and putting money into (DR)
- e. Description: why the BT is needed

SAN JOSE / EVERGREEN COMMUNITY COLLEGE DISTRICT

BUDGET TRANSFER

list one fund per budget adjustment

Location EVC

Department / Program _____

Effective Date: _____
(REQUIRED FIELD)

ACCOUNT NUMBER					DEBIT	CREDIT	DESCRIPTION NO MORE THAN 30 CHARACTERS INCLUDING SPACES
fund	loc	cost center	user	object	(TO) Dr	(FROM) Cr	

- f. Click to Sign

By signing, I agree to this agreement, the [Consumer Disclosure](#) and to do business electronically with FCCC - San Jose-Evergreen CCD.

Click to Sign