OSF FORM PFT
(Revised 10/03)

STATE OF OKLAHOMA
REQUEST FOR PAYROLL FUND TRANSFER

Transfer No. _____

TO: THE DIRECTOR OF STATE FINANCE

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.)

OSF By: _____