

The Johns Hopkins University  
**Payroll / Stipend Transfer Form**

Payroll Office Use Only

Req. No. \_\_\_\_\_

Soc Sec Num: \_\_\_\_\_ Name: \_\_\_\_\_

Pay Frequency:    Weekly    Semi    PCN: \_\_\_\_\_ Reason Code: \_\_\_\_\_

Period Covered (MM/DD/YY): From: \_\_\_\_\_ To: \_\_\_\_\_

ACCOUNT NUMBER						CHARGE		CREDIT	
Area/Orgn	SAP Fund	Cost Center	Internal Order	WBS Element	GL Account				

Additional Explanation or Reason: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

If transfer is being made more than 120 days from the original charge, provide a detailed explanation as to why the transfer is being made late.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Authorization/Certification		Date	
Divisional Office Approval		Date	

*Instructions and Reason Codes are on reverse.*

Form B-15 (Rev 2/07)