

How To Submit A Transfer

Complete Transfer Data Header

1 Open Transfer Template

2 Enter "**Transfer To Cost Center**"(CC0####)

Microsoft Excel ribbon: Home, Insert, Share, Page Layout, Formulas, Data, Review, View, Help, Draw

Font: Calibri (Body), 11

Rich Text: Bold, Italic, Underline, Text Color, Background Color, Bullets, Numbering, Indentation, Wrap, Merge

Formula Bar: $\times \checkmark fx$

Worksheet: A, B, C, D, E, F, G

Row Numbers: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

GUEST SERVICES

Transfer Of :

| Account # | Amount | Cost |
|-----------|--------|------|
| 1 | | |
| 3 | | |
| 5 | | |
| 7 | | |
| 9 | | |
| 11 | | |

| Account # | Amount | Cost |
|-----------|--------|------|
| 2 | | |
| 4 | | |

Transfer To Cost Center

Transfer To Cost Center Name

Transfer From Cost Center Number

Transfer From Cost Center Name

Name of Submitter:

First Name Last Name

Transfer Date

Debit(s) 0.00

3 Enter "Transfer To Cost Center Name"

Microsoft Word ribbon: Arial, 10, Bold, Italic, Underline, Paragraph, Styles, Font Color, Bullets, Numbering, Indentation, Orientation, Language, Proofing, Review, Send To Mobile.

Form fields (rows 6-18):

- Transfer To Cost Center: CC08968
- Transfer To Cost Center Name: (highlighted for input)
- Transfer From Cost Center Number: (highlighted)
- Transfer From Cost Center Name: (highlighted)
- Name of Submitter: (highlighted)
- First Name Last Name: (highlighted)
- Transfer Date: (highlighted)
- Debit(s): 0.00
- Credit(s): 0.00

Transfer C (Table 1):

| Account # | Amount | |
|-----------|--------|--|
| 1 | | |
| 3 | | |
| 5 | | |
| 7 | | |
| 9 | | |
| 11 | | |

Transfer C (Table 2):

| Account # | Amount | |
|-----------|--------|--|
| 2 | | |
| 4 | | |
| 6 | | |

4 Enter "Transfer From Cost Center"(CC0####)

Microsoft Word ribbon: Arial, 10, Bold, Italic, Underline, Paragraph, Styles, Font Color, Bullets, Numbering, Indentation, Orientation, Language, Proofing, Review, Send To Mobile.

Form fields (rows 9-19):

- Transfer To Cost Center: CC08968
- Transfer To Cost Center Name: Echo Bay
- Transfer From Cost Center Number: (highlighted for input)
- Transfer From Cost Center Name: (highlighted)
- Name of Submitter: (highlighted)
- First Name Last Name: (highlighted)
- Transfer Date: (highlighted)
- Debit(s): 0.00
- Credit(s): 0.00
- Variance: 0.00


Transfer C (Table 1):

| Account # | Amount | |
|-----------|--------|--|
| 1 | | |
| 3 | | |
| 5 | | |
| 7 | | |
| 9 | | |
| 11 | | |

Transfer C (Table 2):

| Account # | Amount | |
|-----------|--------|--|
| 2 | | |
| 4 | | |
| 6 | | |
| 8 | | |
| 10 | | |


5 Enter "Transfer From Cost Center Name"

| A | B | C | D | E | F | G |
|----------------|---|---|---|----------------|---|---|
| | |  | | GUEST SERVICES | | |
| Transfer Of \$ | | | | | | |
| | | Transfer To Cost Center | | CC08968 | | |
| | | Transfer To Cost Center Name | | Echo Bay | | |
| | | Transfer From Cost Center Number | | CC08939 | | |
| | | Transfer From Cost Center Name | | | | |
| | | Name of Submitter: | | | | |
| | | First Name Last Name | | | | |
| | | Transfer Date | | | | |
| | | Debit(s) | | 0.00 | | |
| | | Credit(s) | | 0.00 | | |
| | | Variance | | 0.00 | | |

| Account # | Amount | Cost |
|-----------|--------|------|
| 1 | | |
| 3 | | |
| 5 | | |
| 7 | | |
| 9 | | |
| 11 | | |

| Account # | Amount | Cost |
|-----------|--------|------|
| 2 | | |
| 4 | | |
| 6 | | |
| 8 | | |
| 10 | | |
| 12 | | |

6 Enter First & Last Name of Submitter

| | A | B | C | D | E | F | G |
|----|----------------|------------------|---|---------------|----------------|-----------|---|
| 2 | | |  | | GUEST SERVICES | | |
| 3 | Transfer Of \$ | | | | | | |
| 4 | | | Transfer To Cost Center | | CC08968 | | |
| 5 | | | Transfer To Cost Center Name | | Echo Bay | | |
| 6 | | | Transfer From Cost Center Number | | CC08939 | | |
| 7 | | | Transfer From Cost Center Name | | LMNRA Admin | | |
| 8 | | | Name of Submitter: | | | | |
| 9 | | | First Name Last Name | | | | |
| 10 | | | Transfer Date | | | | |
| 11 | | | Debit(s) | | 0.00 | | |
| 12 | | | Credit(s) | | 0.00 | | |
| 13 | | | Variance | | 0.00 | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | Quantity | Item Description | Unit Cost | Extended Cost | Spend Category | Waste Rea | |
| 24 | | | | 0.00 | | | |

| Account # | Amount | Cost |
|-----------|--------|------|
| 1 | | |
| 3 | | |
| 5 | | |
| 7 | | |
| 9 | | |
| 11 | | |

| Account # | Amount | Cost |
|-----------|--------|------|
| 2 | | |
| 4 | | |
| 6 | | |
| 8 | | |
| 10 | | |
| 12 | | |

7 Enter Date of Physical Transfer of Inventory

| | | | | | | |
|----|----------------------------------|------------------|-------------|---------------|----------------|------------|
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | Transfer To Cost Center | | CC08968 | | 1 | |
| 7 | Transfer To Cost Center Name | | Echo Bay | | 3 | |
| 8 | | | | | 5 | |
| 9 | Transfer From Cost Center Number | | CC08939 | | 7 | |
| 10 | Transfer From Cost Center Name | | LMNRA Admin | | 9 | |
| 11 | | | | | 11 | |
| 12 | Name of Submitter: | | | | | |
| 13 | First Name Last Name | | | | | |
| 14 | | | | | | |
| 15 | Transfer Date | | | | | |
| 16 | | | | | | |
| 17 | Debit(s) | | 0.00 | | 2 | |
| 18 | Credit(s) | | 0.00 | | 4 | |
| 19 | Variance | | 0.00 | | 6 | |
| 20 | | | | | 8 | |
| 21 | | | | | 10 | |
| 22 | | | | | 12 | |
| 23 | Quantity | Item Description | Unit Cost | Extended Cost | Spend Category | Waste Reas |
| 24 | | | | 0.00 | | |
| 25 | | | | 0.00 | | |
| 26 | | | | 0.00 | | |

Enter Transfer Inventory Details

8 Enter:

- Quantity
- Item Description
- Unit Cost
- Spend Category
- Waste Reason (If needed)
- Note (If needed)

Repeat for all needed transfer items.

| | | | | | | |
|----|----------------------|------------------|-----------|---------------|----------------|--------------|
| 13 | First Name Last Name | | | | | |
| 14 | | | | | | |
| 15 | Transfer Date | | 5/13/2024 | | | |
| 16 | | | | | | |
| 17 | Debit(s) | | 0.00 | | | |
| 18 | Credit(s) | | 0.00 | | | |
| 19 | Variance | | 0.00 | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | Quantity | Item Description | Unit Cost | Extended Cost | Spend Category | Waste Reason |
| 24 | | | | 0.00 | | |
| 25 | | | | 0.00 | | |
| 26 | | | | 0.00 | | |
| 27 | | | | 0.00 | | |
| 28 | | | | 0.00 | | |
| 29 | | | | 0.00 | | |
| 30 | | | | 0.00 | | |
| 31 | | | | 0.00 | | |
| 32 | | | | 0.00 | | |
| 33 | | | | 0.00 | | |
| 34 | | | | 0.00 | | |
| 35 | | | | 0.00 | | |



Tip! **Extended Cost** will automatically calculate.

Tip! Spend Categories are listed to the right of the transfer sheet for your reference

Search for tools, help, and more (Alt + Q)

PB
 Comments Catch up Editing Share

| | G | H | I | J | K | L | M | N | O |
|--|---|---------|---|---|---|---|---|---|---|
| | | CC08968 | | | | | | | |
| | | CC08968 | | | | | | | |
| | | CC08968 | | | | | | | |
| | | CC08968 | | | | | | | |
| | | CC08968 | | | | | | | |

| CREDIT | | | | |
|--------|--------|-------------|-------------------|----------------|
| Int # | Amount | Cost Center | Spend Category ID | Spend Category |
| | | CC08939 | | |
| | | CC08939 | | |
| | | CC08939 | | |
| | | CC08939 | | |
| | | CC08939 | | |
| | | CC08939 | | |
| | | CC08939 | | |

| Category | Waste Reason | Note |
|-------------|--------------|------|
| Package | | |
| Package | | |
| Merchandise | | |
| | Expired | |
| | | |
| | | |

| Spend Category ID | Spend Category |
|-------------------|----------------------------|
| SC033 | Beer |
| SC053 | Cleaning Supplies |
| SC113 | Food & Beverage |
| SC122 | Fuel |
| SC123 | Fuel (Non-Resale) |
| SC129 | General Merchandise |
| SC141 | Ice Cream |
| SC226 | Replacements - Linen |
| SC159 | Liquor |
| SC174 | Native American Handicraft |
| SC197 | Paper Supplies |
| SC209 | Propane |
| SC239 | Souvenirs & Gifts |
| SC241 | Sports Equipment |
| SC276 | Wine |
| SC074 | Damaged/Spoiled Food |
| SC119 | Freight Charges - Food |

Tip! Completed Inventory Detail Example is Below.

[illegible]

Complete Transfer Entry

11 Complete Debit Details

Enter:

- Account #
- Amount (Enter as a positive)
- Spend Category ID
- Spend Category (select from drop down menu)

Page Layout Formulas Data Review View Help Draw

11 A^ A^ B I U ab D v v A v v v Wrap Merge v General \$ v

EST VICES

Internal
Transfer Of Supplies Or Services

| DEBIT | | | |
|-----------|--------|-------------|-------------------|
| Account # | Amount | Cost Center | Spend Category ID |
| | | CC08968 | |
| | | CC08968 | |
| | | CC08968 | |
| | | CC08968 | |
| | | CC08968 | |
| | | CC08968 | |

| CREDIT | | | |
|-----------|--------|-------------|-------------------|
| Account # | Amount | Cost Center | Spend Category ID |
| | | CC08939 | |
| | | CC08939 | |

Transfer To Cost Center CC08968

Transfer To Cost Center Name Echo Bay

From Cost Center Number CC08939

From Cost Center Name LMNRA Admin

of Submitter:

me Last Name

Transfer Date 5/13/2024

Debit(s) 0.00



Tip! Cost Center will auto populate

12 Select **Spend Category** from Drop Down Menu

General \$ 0.00 0.00 [Grid Icons] [Sum] [Filter] [Zoom] [Print]

| DEBIT | | WD Account | WD Account Description |
|-------|-------|------------|---------------------------|
| 8 | SC113 | 12000 | Inventory |
| 8 | | 50000 | Food Cost of Sales |
| 8 | | 52000 | Merchandise Cost of Sales |
| 8 | | | |
| 8 | | | |
| 8 | | | |
| 8 | | | |

Select Inventory Category
Select from List

| CREDIT | | Spend Category ID | Spend Category |
|--------|--|-------------------|-------------------|
| 9 | | SC033 | Beer |
| 9 | | SC053 | Cleaning Supplies |
| 9 | | SC113 | Food & Beverage |
| 9 | | SC122 | Fuel |

13 Complete Credit Details

Enter:

- Account #
- Amount (Enter as a positive)
- Spend Category ID
- Spend Category (select from drop down menu)

| | |
|-------------------------|-------------|
| Transfer To Cost Center | CC08968 |
| Cost Center Name | Echo Bay |
| Cost Center Number | CC08939 |
| Cost Center Name | LMNRA Admin |
| Submitter: | |
| Submit Name | |
| Transfer Date | 5/13/2024 |
| Debit(s) | 1272.80 |
| Credit(s) | 0.00 |
| Variance | 1272.80 |
| Error | |

| | Account # | Amount | Cost Center | Spend Category ID | |
|----|-----------|--------|-------------|-------------------|---------------------|
| 1 | 12000 | 207.08 | CC08968 | SC113 | Food & Beverage |
| 3 | 12000 | 598.00 | CC08968 | SC129 | General Merchandise |
| 5 | 50000 | 467.72 | CC08968 | SC074 | Damaged |
| 7 | | | CC08968 | | |
| 9 | | | CC08968 | | |
| 11 | | | CC08968 | | |

| CREDIT | | | | |
|--------|-----------|--------|-------------|-------------------|
| | Account # | Amount | Cost Center | Spend Category ID |
| 2 | | | CC08939 | |
| 4 | | | CC08939 | |
| 6 | | | CC08939 | |
| 8 | | | CC08939 | |
| 10 | | | CC08939 | |
| 12 | | | CC08939 | |

| Item | Unit Cost | Extended Cost | Spend Category | Waste Reason | Note |
|------|-----------|---------------|---------------------|--------------|------|
| | 87.22 | 174.44 | Food & Beverage | | |
| | 0.68 | 32.64 | Food & Beverage | | |
| | 2.99 | 598.00 | General Merchandise | | |
| | 42.52 | 467.72 | Waste | Expired | |

14 Review that variance is equal to ZERO.

| | | | | | |
|----|----------------------------------|------------------|-----------|---------------|---------------------|
| 8 | | | 5 | 50000 | 467.72 |
| 9 | Transfer From Cost Center Number | CC08939 | 7 | | |
| 10 | Transfer From Cost Center Name | LMNRA Admin | 9 | | |
| 11 | | | 11 | | |
| 12 | Name of Submitter: | | | | |
| 13 | First Name Last Name | | | | |
| 14 | | | | | |
| 15 | Transfer Date | 5/13/2024 | | | |
| 16 | | | | | |
| 17 | Debit(s) | 1272.80 | | | |
| 18 | Credit(s) | 1272.80 | | | |
| 19 | Variance | 0.00 | | | |
| 20 | | | | | |
| 21 | | | | | |
| 22 | | | | | |
| 23 | Quantity | Item Description | Unit Cost | Extended Cost | Spend Category |
| 24 | 2 | Case Hamburger | 87.22 | 174.44 | Food & Beverage |
| 25 | 48 | Water | 0.68 | 32.64 | Food & Beverage |
| 26 | 200 | Sunscreen | 2.99 | 598.00 | General Merchandise |
| 27 | 11 | Regular Coffee | 42.52 | 467.72 | Waste |
| 28 | | | | 0.00 | Expired |
| 29 | | | | 0.00 | |
| 30 | | | | 0.00 | |



Alert! If variance is NOT equal to zero, review amounts entered in the debit and credit sections to make sure that amounts entered are the same.

Submit Transfer

15 Submit transfer via email to Accountingentries@guestservices.com

Attach the transfer sheet (as an excel document) and any additional support needed.



Internal
Transfer Of Supplies Or Services

| | |
|------------------------------|----------|
| Transfer To Cost Center | CC08968 |
| Transfer To Cost Center Name | Echo Bay |

| | |
|----------------------------------|-------------|
| Transfer From Cost Center Number | CC08939 |
| Transfer From Cost Center Name | LMNRA Admin |

| |
|----------------------|
| Name of Submitter: |
| First Name Last Name |

| | |
|---------------|-----------|
| Transfer Date | 5/13/2024 |
|---------------|-----------|

| | |
|-----------|---------|
| Debit(s) | 1272.80 |
| Credit(s) | 1272.80 |
| Variance | 0.00 |

| DEBIT | | | | | |
|-------|-----------|--------|-------------|-------------------|----------------------|
| | Account # | Amount | Cost Center | Spend Category ID | Spend Category |
| 1 | 12000 | 207.08 | CC08968 | SC113 | Food & Beverage |
| 3 | 12000 | 598.00 | CC08968 | SC129 | General Merchandise |
| 5 | 50000 | 467.72 | CC08968 | SC074 | Damaged/Spoiled Food |
| 7 | | | CC08968 | | |
| 9 | | | CC08968 | | |
| 11 | | | CC08968 | | |

| CREDIT | | | | |
|-----------|--------|-------------|-------------------|---------------------------|
| Account # | Amount | Cost Center | Spend Category ID | Spend Category |
| 2 | 12000 | 207.08 | CC08939 | SC113 Food & Beverage |
| 4 | 12000 | 598.00 | CC08939 | SC129 General Merchandise |
| 6 | 12000 | 467.72 | CC08939 | SC113 Food & Beverage |
| 8 | | | CC08939 | |
| 10 | | | CC08939 | |
| 12 | | | CC08939 | |

| Quantity | Item Description | Unit Cost | Extended Cost | Spend Category | Waste Reason | Note |
|----------|------------------|-----------|---------------|----------------------|--------------|------|
| 2 | Cheese Hamburger | 87.22 | 174.44 | Food & Beverage | | |
| 48 | Water | 0.68 | 32.64 | Food & Beverage | | |
| 200 | Sunscreen | 2.99 | 598.00 | General Merchandise | | |
| 11 | Regular Coffee | 42.52 | 467.72 | Damaged/Spoiled Food | Expired | |
| | | | 0.00 | | | |
| | | | 0.00 | | | |
| | | | 0.00 | | | |
| | | | 0.00 | | | |
| | | | 0.00 | | | |
| | | | 0.00 | | | |
| | | | 0.00 | | | |
| | | | 0.00 | | | |
| | Totals | | 1,272.80 | | | |