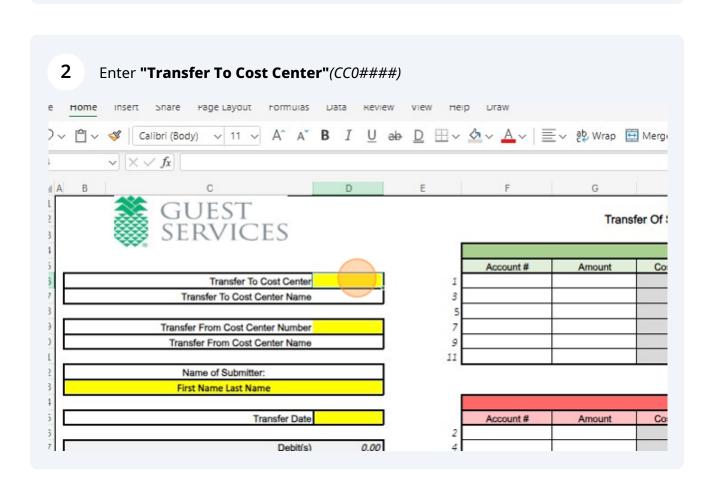
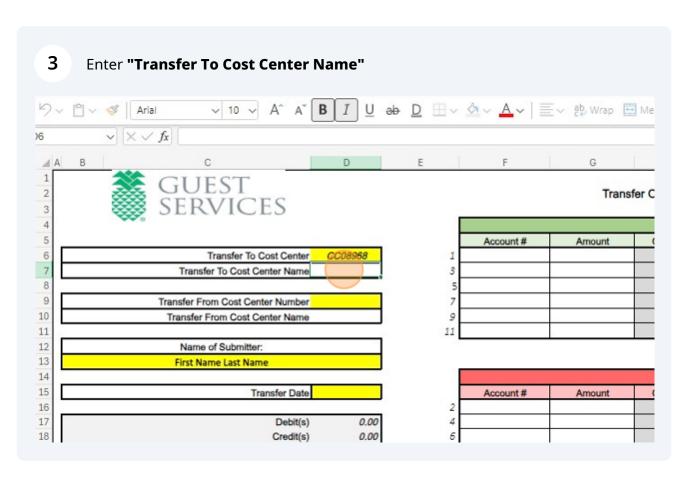
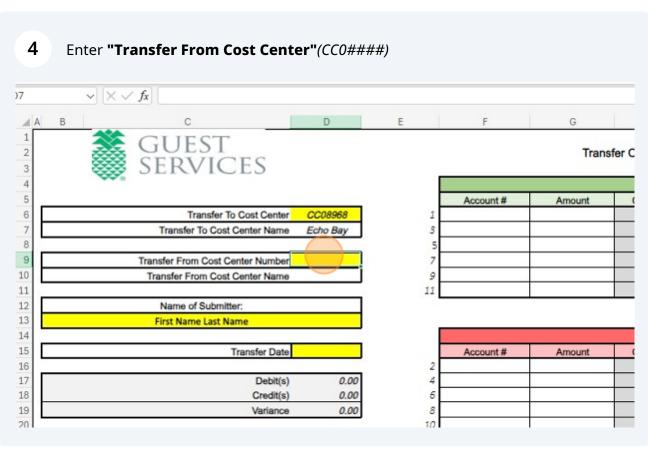
# **How To Submit A Transfer**

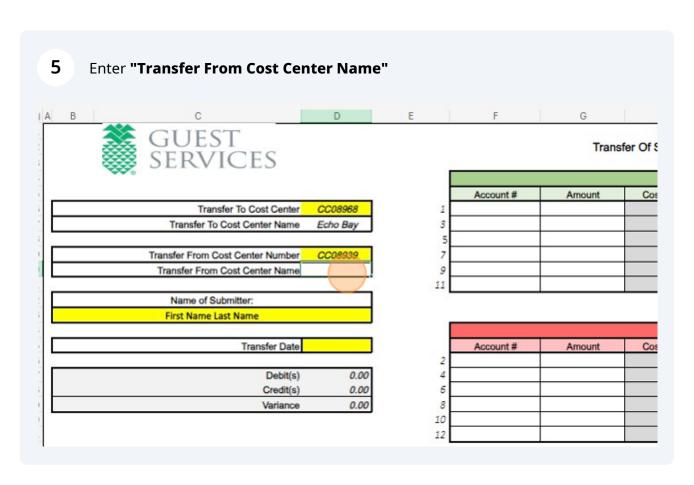
## **Complete Transfer Data Header**

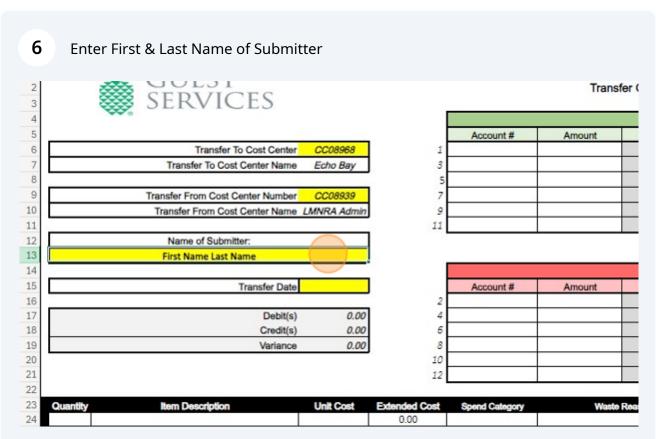
**1** Open Transfer Template

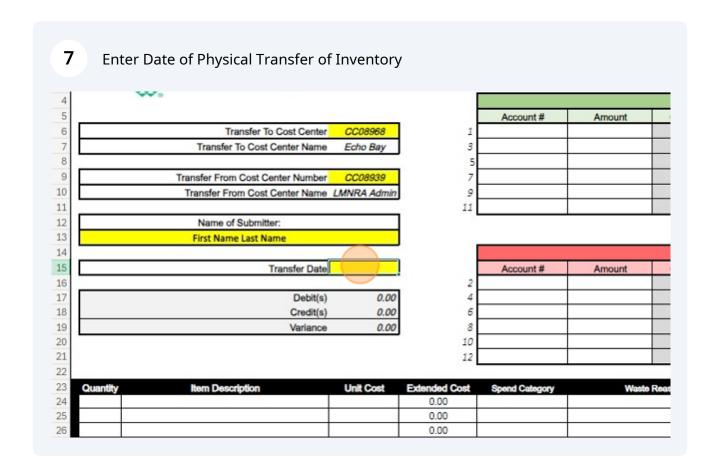












# **Enter Transfer Inventory Details**

#### 8 Enter:

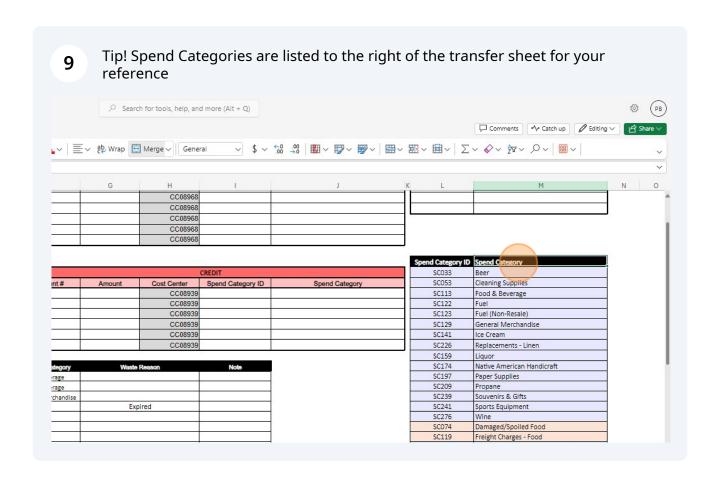
- Quantity
- Item Description
- Unit Cost
- Spend Category
- Waste Reason (If needed)
- Note (If needed)

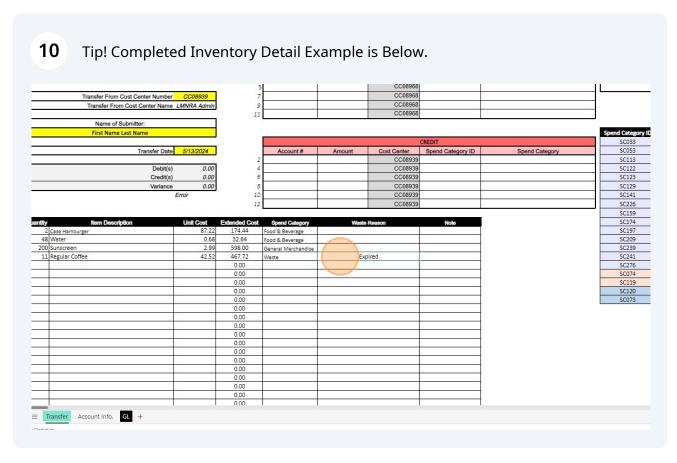
Repeat for all needed transfer items.



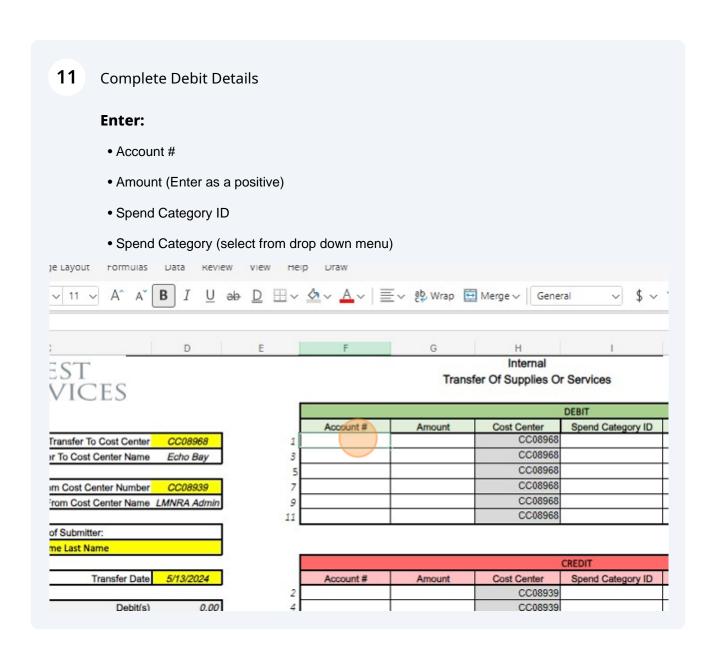
(i)

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



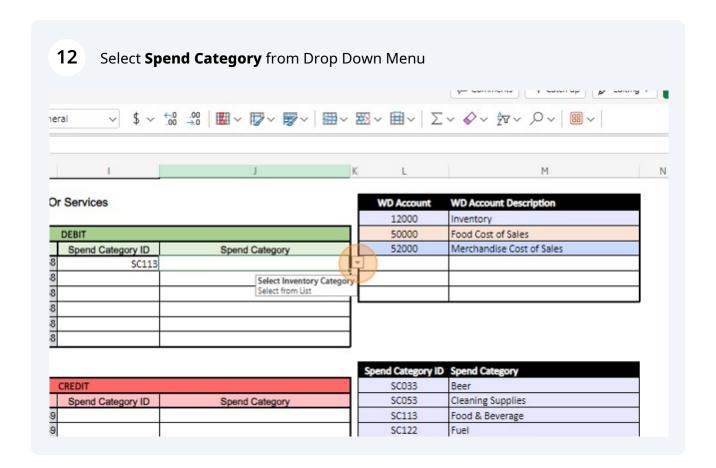


## **Complete Transfer Entry**



(i)

Tip! Cost Center will auto populate



### **13** Complete Credit Details

#### **Enter:**

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

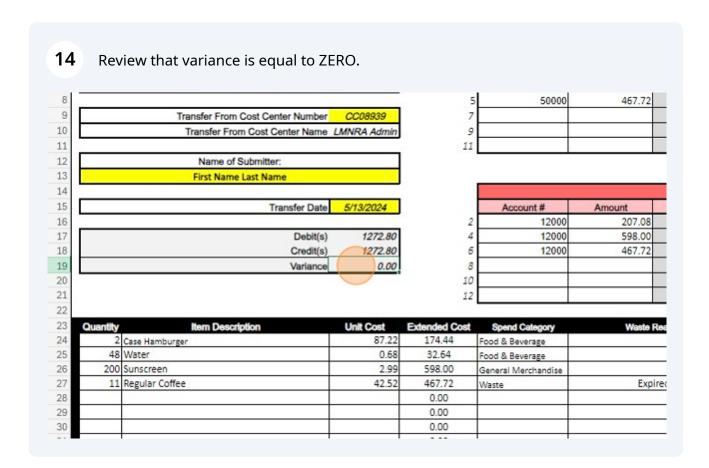
fer To Cost Center	CC08968
Cost Center Name	Echo Bay
st Center Number	CC08939
Cost Center Name	LMNRA Admin

	Account #	Amount	Cost Center	Spend Category ID	
1	12000	207.08	CC08968	SC113	Food 8
3	12000	598.00	CC08968	SC129	Gener
5	50000	467.72	CC08968	SC074	Dama
7			CC08968		
9			CC08968		
11			CC08968		è

Transfer Date	5/13/2024
Debit(s)	1272.80
Credit(s)	0.00
Variance	1272.80
E	rror

	CREDIT							
	Account #	Amount	Cost Center	Spend Category ID				
			CC08939					
			CC08939					
			CC08939					
			CC08939					
			CC08939					
Г			CC08939					

on	Unit Cost	Extended Cost	Spend Category	Waste Reason	Note
	87.22	174.44	Food & Beverage	10 A.C 10 A.C	65
	0.68	32.64	Food & Beverage		9
	2.99	598.00	General Merchandise	P F 1100 (P) 1	9
	42.52	467.72	Waste	Expired	5)
		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 <u>Accountingentries@guestservices.com</u>

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

# **Example of Completed Transfer**



st Center	CC08968				
Transfer To Cost Center Name					
r Number	CC08939				
ter Name	LMNRA Admin				
sfer Date	5/13/2024				
֡	ter Name r Number ter Name				

## Internal Transfer Of Supplies Or Services

I	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 II		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	Case 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			