



REQUEST FOR FUND TRANSFER

Foundation: ASUF GHSF

Date: _____ **Total Amount of Transfer:** _____

Requested By: _____

Name and Title

E-Mail Address

Campus Phone

Department

Transfer From

Foundation Fund #: _____

Fund Name: _____

Transfer To

Foundation Fund #: _____

Fund Name: _____

Justification for Transfer(s): _____

(Transfer of funds must be in compliance with Gift Agreement and in accordance with donor intent.)

Approved By: _____

Date: _____

Printed Name: _____

Authorized Signatory for Fund #: _____

Approved By: _____

Date: _____

Printed Name: _____

Authorized Signatory for Fund #: _____

Reviewed By: _____

Date: _____

AVP Advancement Operations

Reviewed By: _____

Date: _____

CFO Foundations

Reviewed By: _____

Date: _____

Foundation Accountant

For Internal Use Only

Date sent to Foundation Accountant: _____

Date transfer Recorded in Donor Database (if applicable): _____

Date transfer Recorded in Foundation Accounting System: _____