

**AUXILIARY OPERATIONS / STUDENT ACTIVITIES
REQUEST FOR TRANSFER OF FUNDS**



Date: _____

Please perform a transfer of funds in the amount of \$ _____

From Account #: _____

Account Name: _____

To Account #: _____

Account Name: _____

Purpose of Transfer:

Organization Making Request: _____

Requested by: _____

Administrative Approval: _____ Date: _____

THIS FORM MUST ACCOMPANY A COPY OF THE STUDENT MINUTES OF THE ORGANIZATION MAKING THE REQUEST. THE STUDENT MINUTES MUST REFLECT APPROVAL FOR SUCH TRANSFERS

BUSINESS OFFICE USE ONLY

DATE RECEIVED: _____ DATE COMPLETED: _____

APPROVED: _____ COMPLETED BY: _____