

OSU FOUNDATION REQUEST TO TRANSFER FUNDS

Transfer Request _____
(Please Print Name)

Prepared by: _____
(Telephone #)

JE Number (Acctg Dept): _____

CHECK THIS BOX IF PROJECT IS TO BE CLOSED WHEN THIS TRANSFER IS COMPLETE

PROJECT NO.	(OSUF USE)	PROJECT NAME	AMOUNT	REASON FOR TRANSFER	(OSUF USE)
From					
To					
From					
To					
From					
To					
From					
To					
From					
To					

By signing below, I verify the above transfers are in accordance with the intent, purpose, and restrictions of the projects listed, and, if applicable appropriate supporting donor intent documentation is attached.

ORIGINATING APPROVAL

DATE SIGNED

ADMINISTRATIVE APPROVAL

DATE SIGNED

<i>OSUF ACCOUNTING ONLY:</i>		
	DATE	INITIALS
CASH BALANCE VERIFIED	_____	_____
PURPOSE ADDED	_____	_____
VERIFIED SIGNATURE AUTHORITY	_____	_____
CC: GIFT PROCESSING	_____	_____
CC: GIFT ACCOUNTING	_____	_____