

TRANSFER REQUEST FORM

TRANSFER NO. _____
(SAF OFFICE USE ONLY)

CAMPUS _____ DATE _____

TRANSFER THE AMOUNT OF \$ _____

FROM CLUB ACCT NAME _____ ACCT CODE _____

TO CLUB ACCT NAME _____ ACCT CODE _____

PURPOSE OF TRANSFER _____

DISBURSING SPONSOR SIGNATURE _____ PRINTED NAME _____ DATE _____

RECEIVING SPONSOR SIGNATURE _____ PRINTED NAME _____ DATE _____

OFFICE USE ONLY

APPROVED ____ DENIED ____ _____
PRINCIPAL SIGNATURE DATE

REIMBURSABLE TRANSFER: Y N

BALANCE IN CLUB ACCOUNT BEFORE THIS TRANSFER \$ _____

SIGNATURE OF BOOKKEEPER/SECRETARY DATE

AMOUNT TRANSFERRED \$ _____ DATE _____

STUDENT ACTIVITY FUND OFFICE

PROVIDE COPIES OF TRANSFER TO EACH ACCOUNT SPONSOR