



INTERFUND TRANSFER REQUEST FORM

Department Requesting Transfer: _____

Contact Person: _____

Contact Phone: _____

FOUNDATION ACCOUNT NUMBER

Transfer funds **OUT** of Account #: _____ Title: _____

Transfer funds **INTO** Account #: _____ Title: _____

Transfer amount: _____

Reason For Transfer:

Authorized Signatures for Account funds are to be transferred OUT of:

1) Requested By: _____ Date: _____

2) Approved By: _____ Date: _____
Director/Administrator

3) Approved By: _____ Date: _____
Dean/Vice President

For Foundation Use Only

Funds Available: Yes No

Processed By: _____ Date: _____

Approved By: _____ Date: _____

JV#: _____

Date: _____

Mail "completed" form to 102 HAR, EWU Foundation Office