



FUND TRANSFER REQUEST FORM

Controller's Office

controllersoffice@sjf.edu

(585) 899-3712

The purpose of this form is to request a transfer of dollars to a different Fund.

<u>From Fund:</u> <i>(DR)</i>	<u>To Fund:</u> <i>(CR)</i>	<u>Amount:</u>	<u>Reason:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional explanation for transfer request, if needed:

***Please include backup for request - fund balance screen shot, etc.*

REQUESTOR NAME: _____
Print

FUND MANAGER NAME: _____
Print

FUND MANAGER SIGNATURE: _____

DATE: _____

If transfer is \$5,000 or over - MUST have VP(s) or Dean's Approval

NAME: _____
Print

SIGNATURE: _____

Updated 5/14/2024 MAL

Controller's Office ONLY

Received by: _____ Date: _____

Controller's Approval (if applicable): _____

Date Processed: _____ Journal Entry #: _____