

# FUNDS REQUEST FORM

Use this form to transfer funds from a CSU Foundation Fund to its matching 6-4 account

## Send completed form to:

Sponsored Programs  
408 University Services Center  
491-6355  
*Please retain a copy for your records.*

FOUNDATION FUND NAME: \_\_\_\_\_ DEPT. #: \_\_\_\_\_ DEPARTMENT NAME: \_\_\_\_\_ FUND #: \_\_\_\_\_

Please transfer funds from the above named Foundation fund to:

CSU Account Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Account Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Department Name: \_\_\_\_\_  
Person Campus Address: \_\_\_\_\_

This form prepared by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Please describe the **source of revenue** for these funds and **any restrictions** which apply to spending the funds requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

These funds will be spent on the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TRANSFER APPROVAL: (2 signatures required)

**Certification:** The undersigned certify that the funds requested above will be spent in full compliance with University regulations, State fiscal rules, and donor intent.

\_\_\_\_\_  
Authorized Signature  
Type Name:

\_\_\_\_\_  
Authorized Signature  
Type Name:

<u>FOR SPONSORED PROGRAMS USE:</u> Transfer Authorization Signatures: _____	Matching Account Verification _____
Sponsored Programs' Approval _____	Vice President for University Advancement's Approval _____
Deposit Batch Number _____	Date Deposited with CSU Cashier _____

<u>FOR CSU FOUNDATION USE:</u> Reference Number _____	Balance Verification: _____
Taxpayer Identification Number # 846000545	Check Number: _____
Object Code: 8400/ _____	Date Check Sent: _____
	Computer Input: _____