

FOUNDATION

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

Funds Transfer Request Form

Fund Transferring From: _____ Description: _____

Fund Transferring To: _____ Description: _____

Transfer Amount: _____ Transfer Request Date: _____

Reason for Transfer: _____

Fiscal Signature of Fund Transferring from: _____

Fiscal Name (Print or Type): _____

Department: _____

Proprietary Signature of Fund Transferring from: _____

Proprietary Name (Print or Type): _____

Upon Completion of the above information, please submit via pdf to SIUEF Financial Affairs at siueffinaff@siue.edu and copy Jenell Wright at jenwrig@siue.edu . If Fiscal Officer and Proprietary Officers are not the same for both accounts, please copy them on the email.

Office of Foundation Administrative Approval: _____ Date: _____

Journal Entry completed by: _____ Date: _____