UNIVERSITY OF MANITOBA

Budgets & Research Accounting
Rm 404 Administration Building

REQUEST FOR TRANSFER TO EXISTING PROVISION FUND

Date: _____

Name of Requester: _____ Faculty or Administrative Unit: _____

Provision Fund Number: _____

Contributing FOAP:

F	O	A	P	
				$
				$ $ 0.00

Does this transfer conform to the orginal request as to purpose and amount? Yes ☑ No ☐

If No, Please Explain Purpose: _____

Request Approved By (Dean of Faculty or Head of Administrative Unit):

Print Name	Signature	Date

* Please forward completed form to Comptroller's Office, 406 Administration Building

Financial Services Use Only:

Approved By: Comptroller's Office

Signature _____ Date _____

Approved By: Vice President
(Approval required if transfer does not conform to orginal purpose)

Signature _____ Date _____

Explanation if not Recommended/Approved: _____

Print Name	Signature	Date