



REQUEST FOR TRANSFER TO EXISTING PROVISION FUND

Financial Analysis & Reporting Rm 412 Administration Building

Date: _____

Name of Requester: _____ Faculty or Administrative Unit: _____

Provision Fund Number: _____

Purpose of Transfer: _____

Contributing FOAP(s):

F			O			A			P	

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

_____ Print Name Signature Date

Please submit form to: Financial Analysis & Reporting, Room 412 Administration Bldg. Email: FAR@umanitoba.ca Fax: 474-7925

Financial Services Use Only:		
Approved By: Comptroller's Office	_____	_____
	Signature	Date
Explanation if not Recommended/Approved: _____		
