



Date: _____

Faculty, Department or Unit: _____

Name of Authorized Person Requesting Transfer: _____

Authorized Signature: _____

(Please note: the person authorizing this transfer must be one of the following: Dean; Department Head; Associate Dean; Business Manager of the Dean's Office; or Executive Assistant to the Dean)

Amount to be Transferred: _____

Name of fund: _____

	Fund	Org	Account	Program
From (Debit):				

Trust and Endowment Office to determine Account and Program

	Fund	Org	Account	Program
To (Credit):				

Purpose of Transfer:

Return form to Room 402 Administration Building; or fax to 474-7616; or e-mail file to Mark.Gardner@umanitoba.ca or Lance.Mckinley@umanitoba.ca

Comptroller's Office required for all transfers over \$5000:

Treasury Signature: _____

Comptroller's Signature: _____