



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: _____

From (Debit):

Fund	Org	Account	Program	Amount

Trust and Endowment Office to determine Account and Program

**To (Credit):

Fund	Org	Account	Program	Amount

**Provide expense account for budget, for salaries expenses include specific 5 digit account, for non-salary expenses use 6 digit account or budget only account

Please Note: Transfer to Operating must be made to an Operating Fund under the 1230 hierarchy "Transfer from Trust and Endowment"

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

Trust and Endowment Office Use Only:

Purpose of the Fund: _____

Does Transfer Request Match Allocation Purpose of the Fund: _____

Signature: _____