



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
<b>From (Debit):</b>				

*Trust and Endowment Office to determine Account and Program*

	Fund	Org	Account	Program
<b>To (Credit):</b>				

*Please note: Transfers to Operating must be made to an Operating Fund under the 1230 hierarchy "Transfers 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](mailto:Mark.Gardner@umanitoba.ca) or [Lance.Mckinley@umanitoba.ca](mailto:Lance.Mckinley@umanitoba.ca)

***Trust and Endowment Office Use Only:***

Purpose of the Fund: \_\_\_\_\_

Does Transfer Request Match Allocation Purpose of the Fund: \_\_\_\_\_

Signature: \_\_\_\_\_