



REQUEST FOR TRANSFER FROM EXISTING PROVISION FUND

Financial Analysis & Reporting
Rm 412 Administration Building

Date: _____

Name of Requester: _____ Faculty or Administrative Unit: _____

Provision Fund Number: _____

Purpose of Transfer: _____

FOP(s) Receiving Actual Transfer:

F			O			P			

FOAP(s) Receiving Budget Transfer (Provide Expense Account(s) or Budget-only Account(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: _____

Signature
Date

Explanation if not Recommended/Approved: _____
