



REQUEST FOR TRANSFER FROM EXISTING PROVISION FUND

(This form is only used for **Provisions to Operating** transfers.)

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

**For operating provision funds, please submit form to:
Financial Analysis & Reporting
Email: FAR@umanitoba.ca**

Financial Services Use Only:

Approved By: _____

Signature Date

Explanation if not Recommended/Approved: _____

Journal Entry: _____ Post Date: _____