

Winthrop University Foundation

WUF-K Fund-To-Fund Transfer Request

Return to: WUF Finance Office, 302 Tillman Hall



Foundation

Date of Request: _____

Amount of Transfer: _____

Transfer FROM Fund #: _____

Transfer TO Fund #: _____

Reason & Purpose:

Prepared by: _____

Campus Address: _____

Phone: _____

AUTHORIZATION FOR TRANSFER:

Authorized Fund Administrator:

(transfer from)

Name

Signature

Date: _____

Authorized Dean, Director, or VP:

(transfer from)

Name

Signature

Date: _____

Authorized Dean, Director, or VP:

(transfer to, if different than above)

Name

Signature

Date: _____

Other (specify):

Name

Signature

Date: _____