



Cash & Expense Transfer Requests

Date: _____ Department Number: _____

Department Name: _____

Transfer from (Debit) the following UGA Foundation accounts:

| Account Name | Department Number | Account Number | Object (Foundation use only) | Amount |
|--------------|-------------------|----------------|---------------------------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

Transfer to (Credit) the following UGA Foundation accounts:

| Account Name | Department Number | Account Number | Object (Foundation use only) | Amount |
|--------------|-------------------|----------------|---------------------------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

Increase budget within scholarship universe.

Business Purpose:

Send Email Confirmation: yes no Contact Email: _____

Send Email Confirmation: yes no Contact Email: _____

Submitted by: _____ Phone: _____

Signature Authority Approval: _____ Date: _____