TROY UNIVERSITY FOUNDATION

Request to Transfer Funds Within Foundation

Transfer From _____ _____
Account Name Account Number

Transfer To _____ _____
Account Name Account Number

Amount of Transfer _____

Purpose of Transfer _____

_____

_____

_____

_____

Date of Request _____ Date of Transfer _____

_____ _____
signature of person requesting transfer entry signature of person making transfer entry

ROUTE IN ORDER FOR AUTHORIZATION AS FOLLOWS:

Approved by: Campus Vice Chancellor, if applicable

_____ Date: _____

Approved by: Vice President of the Troy University Foundation

_____ Date: _____

Approved by: President of the Troy University Foundation

_____ Date: _____

Approved by: Treasurer of the Troy University Foundation

_____ Date: _____