



# Southern University System Foundation

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## Interfund Transfer Request

Date: \_\_\_\_\_

Please check one:  Interfund Transfer  Correction

### I. Requestor Department Information

From Account Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

### II. Receiving Department Information

To Account Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Fund Manager Name: \_\_\_\_\_

### III. Explanation/Description

Note: *Attach supporting documentation*

### IV. Fund Manager Authorization

Department: \_\_\_\_\_

Requested by: \_\_\_\_\_ Telephone & Ext.: \_\_\_\_\_

\_\_\_\_\_  
Type/Print Fund Manager Name

\_\_\_\_\_  
Fund Manager Signature

\_\_\_\_\_  
Date

### SUSF ACCOUNTING USE ONLY

JV No. \_\_\_\_\_ Trace No. \_\_\_\_\_ Business Date \_\_\_\_\_ Entry Date \_\_\_\_\_

Acct.# - GL Code - Acct. Code	Description	Ref#1	Ref#2	Ref#3	Debit	Credit
TOTAL						

Prepared by: \_\_\_\_\_ Approved by: \_\_\_\_\_ Data Entry By: \_\_\_\_\_