

SOUTHERN FOUNDATION

INTERFUND TRANSFER REQUEST FORM

DATE _____

DESCRIPTION/PURPOSE OF THE ACCOUNT

(Please place an "X" by your selection)

____ Interfund Transfer ____ Correction

I. REQUESTOR DEPARTMENT INFORMATION

From Account Name: _____ Amount: \$ _____

Fund Manager Name: _____

II. RECEIVING DEPARTMENT INFORMATION

To Account Name: _____ Amount: \$ _____

Fund Manager Name: _____

III. EXPLANATION/DESCRIPTION (Please attach supporting documentation)

IV. FUND MANAGER AUTHORIZATION

Department: _____

Requested By: _____ Telephone/Extention: _____

Type/print Fund Manager Name

Fund Manager Signature and Date

SOUTHERN FOUNDATION ACCOUNTING USE ONLY

JV NUMBER: _____ TRACE NUMBER: _____ BUSINESS DATE: _____ ENTRY DATE: _____

ACCT.#	GL CODE - ACCT. CODE	DESCRIPTION	REF#1	REF#2	REF#3	DEBIT	CREDIT

PREPARED BY: _____ APPROVED BY: _____ DATA ENTRY BY: _____