

**ST. CLOUD STATE UNIVERSITY
MSUAASF PROFESSIONAL DEVELOPMENT FUNDS (PDF)
TRANSFER FORM**

I. Person Transferring Funds

Name: _____

Dept./Unit: _____ Cost Center Number: _____

Amount of funds to be transferred: _____

Employee Signature

Date

II. Supervisor's Recommendation

_____ Approve _____ Disapprove

Supervisor's Comments: _____

Supervisor's Signature

Date

III. Person Receiving Funds

Name: _____

Dept./Unit: _____ Cost Center Number: _____

Amount to be received: _____

Receiving Employee's Signature

Date

Please submit the completed form to: Administrative Affairs, AS 205. Thank you.

cc: Receiving Employee's Supervisor

12/01/09