**DIRECTIONS**

1. Complete the form below
2. Send signed form **and** supporting documentation to: **Accounts Payable, Lewis House** **(LEH)**

or email:**advancementap@stcloudstate.edu**

**Please note that transfers must support and enhance the ability of St Cloud State University to ignite students’ learning and discovery of their gifts, their passions and their potential contributions to society.**

* ***Details of the transfer must be included along with documentation that supports the transfer***
* *Call 308-4914 or 308-4818 if you have questions*

**TRANSFER INFORMATION**

**Requested Transfer Amount:**

**From Foundation Fund Number and Name:**

**To Foundation Fund Number and Name:**

 ***OR* To Business Services Cost Center Number and Name:**

# Details (explain request and attach supporting documents):

**Special Instructions** (if any):

**Form Completed By** (print name):

**Phone Number:**

**Email:**

### RESPONSIBLE PERSON / Requestor

***I hereby request this transfer from the St Cloud State University Foundation fund listed above and certify that this expenditure is consistent with the purpose of the fund and provides a charitable benefit to St. Cloud State University and/or its students.***

**Department Chair:** **Date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Dean*** *:* **Date : *\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Provost : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_**

SCSU Foundation Office:

Fund Agreement Review Sign Off: Senior Accountant [ ]  Director of Finance [ ]  Executive Director SCSU Foundation [ ]

 (VP Advancement & Alumni Engagement)