

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

1. Person Transferring Funds

Name: _____ State ID #: _____

Dept./Unit: _____ Cost Center Number: _____

Amount of funds to be transferred: _____

Employee Signature

Date

2. Person Receiving Funds

Name: _____ State ID #: _____

Dept./Unit: _____ Cost Center Number: _____

Amount of funds to be transferred: _____

Employee Signature

Date

3. Supervisor's Recommendation

_____ Approve

☐

Disapprove

Supervisor's Comments:

Supervisor's Signature

Date

* Please e-mail the completed form to Business Services at businessservices@stcloudstate.edu or submit to AS 122. Thank you.

☐

Request Approved

Request Denied

Signature of Finance and Administration

Date

Comments:
