

**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](mailto:businessservices@stcloudstate.edu) or submit to AS 122. Thank you.

\_\_\_\_\_ Request Approved

\_\_\_\_\_ Request Denied

\_\_\_\_\_  
Signature of Finance and Administration

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_