Interfund Transfer

Description of interfund transfer request	Student ID or PO#	Fine or Work Order#	Itemized Amount

Fund to receive money (Choose only one) General Capital ASB Trust	
Revenue account code with object code to receive money (credit)	Amount
Total to be credited	

_____Date_____

Prepared by

_____Date_____

Supervisor approving request

Fund to pay money (Choose only one) General Capital ASB Trust	
Account code with object code to pay money (debit)	Amount
Total to be debited	

_____ Date _____ If ASB _____
Budget Authority Signature   Student Activity Representative

_____
Activity Advisor

_____
ASB Treasurer (Staff)

_____
Primary Advisor (Administrator)