CSUDH | TORO AUXILIARY PARTNERS

FUND TRANSFER REQUEST

Requester Name _____ Extension # _____

Title _____

Division _____

From: Account Name	Account #	Object Code #	To: Account Name	Account #	Object Code #	Amount S
Total Transfer Amount						$ 0.00

Reason for Transfer (if object code not provided):

_____

Approvals

_____ _____

Account Signer Authorization (Print Name) Sign Date

_____ _____

Foundation Approval (Accounting, Print Name) Sign Date

Date Created 2.6.19
Revised 2.23.23