



AUGUSTA UNIVERSITY FOUNDATION

REQUEST TO TRANSFER FUNDS

Date: _____ Form Prepared By: _____ Phone: _____

Requestor's Name: _____ Requestor's Title: _____

Requestor's Phone: _____ Requestor's Email: _____

Total Amount to Transfer: _____

Transfer From:

Foundation Fund Number: _____ Fund Name: _____

Transfer To:

Foundation Fund Number: _____ Fund Name: _____

Justification for Transfer:

Transfer of funds must be in compliance with Gift Agreement and in accordance with donor intent.

AUTHORIZED SIGNATORY APPROVALS

Authorized by:

From Foundation Fund Number: _____ **To** Foundation Fund Number: _____

Name: _____ **Name:** _____

Title: _____ **Title:** _____

Signature: _____ **Date:** _____ **Signature:** _____ **Date:** _____

Please return completed form to AU Foundation Accounting.

1120 15th Street, AD-1104, Augusta, GA 30912 foundationacctng@augusta.edu (706)-721-4001

-----Foundation Use Only-----

Reviewed by:

Name: _____ **Name:** _____

Title: _____ **Title:** _____

Signature: _____ **Date:** _____ **Signature:** _____ **Date:** _____