## Radford University Foundation, Inc.

PO Box 6893 Radford, VA 24142 (540) 831-6573

## **Transfer Funds Request Form**

FO-4

For University Personnel

Date:

General description of Request:

Description of transfer (fund names):	Amount	Foundation Fund FROM:	Foundation Fund TO:

\* For a complete list of Foundation Fund numbers, please click on the "Funds" tab in this worksheet.

I RECOGNIZE THAT MY ADMINISTRATIVE POSITION GIVES THE AUTHORITY TO ACT AS THE GUARDIAN OF THE ABOVE-NAMED FOUNDATION FUND. TO THE BEST OF MY KNOWLEDGE, THE ABOVE "TRANSFER REQUEST" MEETS THE RESTRICTIVE PURPOSES OF THE FUND.

Transfer Requested By:	/			
	Print Name		Signature	
RU PO Box:	Phone #:	_	RU e-mail address:	
Approved By:		/	Title:	
		Date	-	
To be completed by the FOUNDA	TION:			
Journal Entry #	Date of Journal Entry	Date	Completed	
Approved By:		/		
Cont	roller, Radford University Foundation	on, Inc.	Date	
INCOMPLETE FORMS WIL	L BE RETURNED UNPROCES	SSED		updated 10/12