

**INTER-FUND TRANSFER REQUEST FORM**

*Please use this form to transfer funds between foundation funds*

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | *Name of Foundation Fund* |  |  | *Fund Number* |
|  |  |  |  |   |
|  |  |  |  | *Amount* |
|  |  |   |
| *Name of Foundation Fund* |  | *Fund Number* |
|  |
|   |
|   |
| ***Note: If requesting a transfer from a restricted fund, attach appropriate documentation.*** |
|  |
|       |  |  |  |  |  |  |
| *Fund Administrator (Printed Name)* |  | *Signature* |  |  | *Date* |
|       |  |  |  |  |  |
| *Optional Other Approval (Printed Name)* |  | *Signature* |  |  | *Date* |
|       |  |  |  |  |       |
| *Optional Other Approval (Printed Name)* |  | *Signature* |  |  | *Date* |
|       |  |  |  |  |       |
| *Optional Other Approval (Printed Name)*      |  | *Signature* |  | *Date*      |
|  |   |  |  |  |  *Date* |  |
| *Prepared by:*  |  |  | *Phone* |
|  |

**Transfer From:**

**Date:**

 **Transfer To:**

**Reason:**

Requested By:

Approved By:

Approved By:

Approved By:

Foundation Approval:

Revised 5/30/2019