



FUND TRANSFER REQUEST FORM

Controller's Office
controllersoffice@sjf.edu
(585) 899-3712

The purpose of this form is to request a transfer of dollars to a different Fund.

Please include fund to transfer dollars from and to here.

Amount of funds to be transferred. Include calculation if necessary.

Include a detailed explanation, ie - revenue booked incorrectly, transfer of discretionary funds, etc.

From Fund: _____ **To Fund:** _____ **Amount:** _____ **Reason:** _____
(DR) *(CR)*

Additional explanation for transfer request, if needed:

****Please include backup for request - fund balance screen shot, etc.**

REQUESTOR NAME: Your Name
Print
FUND MANAGER NAME: Fund Manager's Name (if not requestor)
Print
FUND MANAGER SIGNATURE: Fund Manager's Signature
DATE: _____

If the transfer amount is greater than \$5,000, dean or VP approval must be obtained.

If transfer is \$5,000 or over - MUST have VP(s) or Dean's Approval
NAME: _____
Print
SIGNATURE: _____

Updated 5/14/2024 MAL

Controller's Office ONLY
Received by: _____ Date: _____
Controller's Approval (if applicable): _____
Date Processed: _____ Journal Entry #: _____

Once completed please send to the Controller's Office at controllersoffice@sjf.edu along with all necessary documentation.

A confirmation will be sent to you upon completion.