**THE UNIVERSITY OF AKRON FOUNDATION**



 **Funds Transfer Request Form**

*This completed form must be submitted in order to request a transfer of funds from a University of Akron Foundation account to a University of Akron account. Only the officially designated person responsible for the Foundation account may initiate this form.*

*Completed request forms should be submitted to: Sarah Chapman, Director Tr****easury Services, Zip+6220.***

**DATE:**

**TO:**

**FROM:**

**RE:**

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###  The University of Akron Foundation

#  FUNDS TRANSFER REQUEST

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**Requested Amount of Transfer:**

**Source of Transfer:**

*Foundation Account Number:* **(###-###-###)**   -   -

*Foundation Account Name:*

**Transfer To:**

*University of Akron Account Number:* **(#-#####-####)**  -     -

*University of Akron Account Name:*

Explanation of intended use of funds (please attach any supporting documentation):

## REQUESTOR’S SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:   /  /

***FOUNDATION USE ONLY:***

(If amount is less than $2,000, approval by Assistant Treasurer is required. If amount is between $2,000 and $100,000, approval by Treasurer is required.

 If amount is greater than $100,000, approval by both the Treasurer and Executive Director is required.)

Transfer Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_\_

Transfer Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_\_

Amount Transferred: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_