



Controller's Office • Long Jones Hall • Rm 263

Agency Account: Funds Transfer Request

Instructions: Fill out the form completely (including signature "A") and return to the Controller's Office for processing. Be sure to attach the necessary supporting documentation (i.e. invoice, quote, memo, etc). **Hand written forms will not be accepted.**

Today's Date _____

Due Date _____

TRANSFER FROM

Account Name: _____

Account No. 700 - Amount \$ _____

Purpose of Transfer: _____

Printed Name _____ Title _____ Signature & Date _____

TRANSFER TO

Account Name _____

Account No. _____

APPROVALS

A. My signature certifies this organization is registered and functioning on the campus of Grambling State University.

Coord. Of Student Orgs.

Printed Name _____ Title _____ Signature & Date _____

B. My signature certifies this account has sufficient funds to cover the amount requested and that all necessary documents are currently on file in the Controller's Office.

Agency Acct. Custodian

Printed Name _____ Title _____ Signature & Date _____