

# Transfer of Funds Request

Lock Haven University

Student Activities Office

Parsons Union Building

**PLEASE NOTE:** TRANSFER OF FUNDS REQUESTS ARE REVIEWED AND APPROVED ON A CASE BY CASE BASIS.

*ALL requests must be submitted **2 weeks prior** to your event for full consideration.*

Club/Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

<b>Transfer FROM:</b> budget line name & number:	
<b>Transfer TO :</b> budget line name & number:	
<b>Budget \$ Amount:</b>	
<b>Detailed Explanation:</b> <i>Failure to provide a detailed explanation will result in automatic denial of request</i>	
<b>Provide description here</b>	

*Attach additional information as necessary.*

\_\_\_\_\_  
Club President Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Club Treasurer Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Club Advisor Signature \_\_\_\_\_  
Date

**Office Use Only:**

Club Notified By:	___ Approved ___ Denied
Comments:	