

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 #: _____

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

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:	