###### Transfer Request Form

**Note:** A transfer request must be approved by the Foundation prior to the request being processed. If the transfer does not comply with IRS regulations regarding treatment of donor gifts or is inconsistent with the donor agreement, as noted below, the transfer will not be processed even if approved within the College.

**Department Contact Information**

**Department Name: **

**Contact Person:  Contact Email: **

**Contact Telephone:  Date of Request: **

**Transfer Request Details**

**FROM:**

Fund 01Project Id  Project Name: 

Fund 02Ledger Account: Transfer Amount**:** 

**(Only Required for Transfer of Expenditures**)

**TO:**

Fund 01Project Id  Project Name: 

Fund 02Ledger Account: 

**(Only Required for Transfer of Expenditures)**

**Reason for Transfer (Check One)**

**Transfer Excess Operating Funds to Endowment -** This transfer cannot be reversed once completed. Attach a copy of the Financial Edge report showing balance of project funds are being transferred from.

**Expenditure Transfer –** Expense item was incorrectly charged when paid**.** Attach copy of Financial Edge report showing expense item as currently charged. Request will not be processed without proper attachment. Expenditure must be allowable in both project ids in order for transfer to be approved by the Foundation.

**Donor Contribution Transfer -** Contribution was incorrectly coded upon original receipt. – Attach documentation from Raisers Edge showing current placement of gift and donor documentation showing intent of original gift.

**Close out and Inactivate Project -** Explanation required. Please attach explanation and provide transfer details. This request is subject to Foundation approval.



**Other -** Explanation required. Please attach explanation and provide transfer details. This request is subject to Foundation approval.



**Certification**

By my signature below, I certify that the above transfer request is consistent with any applicable restrictions imposed by the

fund agreement and with the Georgia State University Foundation policies.

Signature of Requestor Date Signature/Approval of Chairperson or Director Date

Signature/Approval of Dean/Vice President Date

**Foundation Review and Approval**

Reviewed By: Date Approved By: AVP Finance & Operations **or** Controller Date