

Winthrop University Foundation  
683 Oakland Avenue  
Sykes House  
Rock Hill, SC 29733

**Fund-to-Fund Transfer Request (WUF-K)**

**Date of Request:**  
**Amount of Transfer:**  
**Transfer FROM Fund #:**  
**Transfer TO Fund #:**  
**Reason & Purpose:**

**Prepared by:**  
**Campus Address:**  
**Phone & Ext:**

**AUTHORIZATION FOR TRANSFER:**

Authorized Fund Administrator (transfer from)	_____	Date:	_____
Authorized Dean, Director or VP: (transfer from)	_____	Date:	_____
Authorized Dean, Director or VP: (transfer to, if different than above)	_____	Date:	_____
Other (specify):	_____	Date:	_____