

Winthrop University Foundation
302 Tillman Hall
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: _____