

The Cash Transfer Request form is used to transfer cash between funds for the objectives of the recipient fund - local funds only. Do not use this form for appropriated funds.

[Instructions](#)

Journal Source: DPT
Required Reference #: CA _____

Please see _____ for next available number.

Date: _____

Details of Transfer: (be detailed, 254 characters max.) **REQUIRED FIELD**

Be as detailed as possible, providing an explanation of why the transfer is necessary. Be sure to provide the appropriate supporting documentation and attach with form.

Originating Department: (Funds transferring cash)

Dept Name: _____ Dept #: _____

Account	Fund	Dept	Program	Project	Additional Information if Needed	Amount
Total Charges:						

Certification of transfer of cash.

Signature of Originating Department (funds to be charged) _____ Date _____

Signature of Originating Department (if required) (funds to be charged) _____ Date _____

Print Name _____ Phone # _____

Print Name _____ Phone # _____

Top section completed by _____ Phone # _____

Receiving Department: (Funds receiving cash)

Dept Name: _____ Dept #: _____

Account	Fund	Dept	Program	Project	Additional information if Needed	Amount
Total Credits:						

I acknowledge receipt of cash transfer.

Signature of Receiving Department (funds to be charged) _____ Date _____

Signature of Receiving Department (if required) (funds to be charged) _____ Date _____

Print Name _____ Phone # _____

Print Name _____ Phone # _____

Bottom section completed by _____ Phone # _____

**Receiving Department:
Route this form to:**
Accounting Office
Old Main 11
Phone (701) 231-7432
Fax (701) 231-6194