



Account Number

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Sub-Account Number

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Date (mm/dd/yyyy)

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Transfer Request

STUDENT ORGANIZATION FINANCE CENTER

Campus Mail Stop 1236

845-1114

For SOFC Use Only

SOFC Agent Approval

TR #

Date

Account Name to Transfer <u>TO</u> :	ACCOUNT #	AMOUNT	OBJECT CODE
			1000
Account Name to Transfer <u>FROM</u> :	ACCOUNT #	AMOUNT	OBJECT CODE
			1000

Reason for Transfer

Approval

Recommended:

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(Contact Person and Phone Number)

(Authorized Student Leader's Signature)

Approval

Recommended:

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(Additional Signature for over \$2500.00 transfer)

(Advisor's Signature)

Privacy Policy "State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you."