

UMF Transfer Disbursement Authorization

Date: _____

Invoice # (Office Use Only) 00800

Preparer Name: _____

Customer # 5000001

Email: _____

Account # 540101

Phone Number: _____

FROM:

Foundation Fund #: _____

Foundation Fund Name: _____

Amount Requested: _____

TO:

ChartString: _____
Fund (required) Dept ID (required) Program (required) CF1 (required) CF2 (optional) Fin-Empl ID (optional)

Description for Use of Funds:

AUTHORIZED SIGNER: _____

SIGNATURE OF AUTHORIZED SIGNER: _____

All fields are required to be filled in except for the optional chartfields.