

T 657 278 2118 F 657 278 7666 www.fullerton.edu/foundation

► Date _____

► Requested By _____

► Phone # _____

From Account #	CSFPF Account Name	To Account #	CSFPF Account Name	Reason/Justification (attach support documentation as needed*)	Amount
Total					

*Account Transfer Requests must have sufficient justification and/or documentation to support the requested transfer. Please use a CSFPF check request form to request transfers to other campus entities, such as the University, CSFUASC or ASI.

DIRECTIVE 11 COMPLIANCE

► Is this expenditure covered by CSUF Directive 11? Yes No

If yes, please attach completed CSUF "Directive 11 Documentation and Approval Form" along with any required documentation. (Directive 11 Form available on Informed Filler)

► APPROVED SIGNATORIES* Two signatures required if total amount is over \$3,000.

I/we certify these transfers are in compliance with all restrictions

_____ Approved Signature _____ Print Name _____ Date

_____ Approved Signature _____ Print Name _____ Date

*Approved signatories must match those on file

CSFPF ONLY

_____ Authorized Signature _____ Date

_____ Authorized Signature (as needed) _____ Date