

**UNIVERSITY OF ARKANSAS FOUNDATION, INC.
REQUEST FOR INTRA-FOUNDATION TRANSFER**

Campus: SYSTEM UAF FCF ADC UALR UAMS UAM UAPB CI UACCB UACCM

THIS FORM SHOULD NOT BE USED FOR MISAPPLIED GIFTS

Please transfer funds FROM UA Foundation Project:

PROJECT ID:	PROJECT DESCRIPTION:	NET ASSET CLASS: (Perm, Temp, Unrestricted)	ACCT NUMBER:	AMOUNT:
1)		P T U		
2)		P T U		
3)		P T U		
4)		P T U		
5)		P T U		

Please transfer funds TO UA Foundation Project:

PROJECT ID:	PROJECT DESCRIPTION:	NET ASSET CLASS: (Perm, Temp, Unrestricted)	ACCT NUMBER:	AMOUNT:
1)		P T U		
2)		P T U		
3)		P T U		
4)		P T U		
5)		P T U		

Reason for transfer: _____

Restriction reviewed and complies with donor imposed restriction

Date: _____

AUTHORIZED BY PROJECT SIGNATORY ON "TRANSFER FROM" PROJECT:

SIGNATURES

Project Signatory: _____

School/College Review: _____

Fiscal Review: _____

PURPOSE OF SIGNATURE

Authorized expenditure of Foundation funds

For information/coordination with other campus activities

Review for compliance with policies and procedures

(Chancellor/Vice President or Authorized Designee)

Verify within donor restriction, validate signature authority, approve for transfer