

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

Campus: _____

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:

Purpose of Signature:

Project Signatory: _____
(Authorized Signatory on Project)

Authorized expenditure of Foundation funds

School/College Review: _____
(Dean/Director/Vice-Chancellor)

For information/coordination with other campus activities

Fiscal Review: _____
(VC for Finance & Admin/Vice President or Authorized Designee)

Review for compliance with policies and procedures; Verify within donor restriction; Validate signature authority; Approve for transfer

FOUNDATION USE ONLY:

REV BY: _____

DATE: _____