

Date:

To:

From:

Subject:

We request an exceptional transfer from the following Education Foundation Gift Account(s):

Transfer #1

Transfer #2

From (Education Account Number)	To (ODU Account Number)	Budget Code
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Transfer #3

Purpose/Benefit

For 4 or more transfers, please complete page 2.

Approvals

Dean/BUD

AVP for Academic Affairs

Comments

Transfer #4

To (ODU Account Number)

Purpose/Benefit

Transfer #5

To (ODU Account Number)

Purpose/Benefit

Transfer #6

To (ODU Account Number)

Purpose/Benefit

Transfer #7

To (ODU Account Number)

Purpose/Benefit

Transfer #8

To (ODU Account Number)

Purpose/Benefit