

T 657-278-2786 F 657-278-7666 <http://foundation.fullerton.edu>

Date: _____

Requested by: _____

Phone/Ext _____

From: Account #	CSFPF Account Name	To: Account #	CSFPF Account Name	Reason/Justification (attach supporting documentation)	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.

➤ **APPROVED SIGNATORIES** Two signatures required if total amount is over \$3000.
I/We certify these expenditures are in compliance with all restrictions

CSFPF ONLY

Approved Signature Print Name Date

Approved Signature Print Name Date

Supervisor/Superior Signature (as needed) Print Name Date

Authorized Signature Date:

Authorized Signature (as needed) Date:

*Approved Signatories must match those on file