TRANSFER OF FOUNDATION FUNDS REQUEST For ALL Capital Project transfers and Transfers greater than \$1MM

REQUESTED BY		EMAIL			
DATE	UNIT	BALANCE		TRANSFER AMO	UNT
	SFFND				
BUSINESS UNIT	SFFND (+)		SFCMP	SFMED	(-)
ACCOUNT	54550			43501	
FUND					
DEPT ID					
PROJECT					
FUNCTION					
FLEXFIELD					
NO FURTHER GIFTS CLOSE PROJECT					
FOR CAPITAL PROJECT	TRANSFERS ONLY:	Specify pla	ant chartstring to receive	funds	
FUND					
DEPT ID					
PROJECT					
FUNCTION					
USE/PURPOSE (Must co	nform to the terms under which o	contributions	s to this fund were made)		
DEPARTMENTAL APPROVAL					
NAME	APPROVED	EMAIL	REJECTED	DATE	
NOTES				•	
the University is made with the	or control and expenditure of funds for pu express agreement that the funds will be e undation as to the use or purpose of the sp FOU	xpended in acc	ordance with the University policy		
	APPROVED		REJECTED		
NAME		-		DATE	
NOTES					
	UCSF A	CCOUNTIN	NG USE ONLY		
VERIFIED BY				DATE	