

**OLD DOMINION UNIVERSITY
INTERDEPARTMENTAL TRANSFER REQUEST**

CHARGE _____ (ORG/ACCT) DEPT. NAME _____ CONTACT NAME _____ CONTACT PHONE _____ Authorized Signature	CREDIT _____ (ORG/ACCT) DEPT. NAME _____ CONTACT NAME _____ CONTACT PHONE _____
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Accounting Distribution for Charge				Accounting Distribution for Credit			
FUND	ORG	SUB ACCOUNT	AMOUNT	FUND	ORG	SUB ACCOUNT	AMOUNT

- Additional accounting distribution sheets attached
- Original Charge – attach supporting documentation
- Correction of Charge – attach Banner documentation

Explanation of Transfer:

FOR ADMINISTRATIVE USE ONLY

Processed by: _____

Date: _____

Revised March 7, 2008