MEMORANDUM

Date:

To:

From:

Subject:

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

Transfer #1

From (Education Account Number)	To (ODU Account Number)	Budget Code	Total Transfer Amount
Purpose/Benefit			

Transfer #2

From (Education Account Number)	To (ODU Account Number)	Budget Code	Total Transfer Amount
Purpose/Benefit			

Transfer #3

From (Education Account Number)	To (ODU Account Number)	Budget Code	Total Transfer Amount
Purpose/Benefit			

For 4 or more transfers, please complete page 2.

Approvals

_____
Dean/BUD

_____
AVP for Academic Affairs

Comments

Transfer #4

From (Education Account Number)	To (ODU Account Number)	Budget Code	Total Transfer Amount
Purpose/Benefit			

Transfer #5

From (Education Account Number)	To (ODU Account Number)	Budget Code	Total Transfer Amount
Purpose/Benefit			

Transfer #6

From (Education Account Number)	To (ODU Account Number)	Budget Code	Total Transfer Amount
Purpose/Benefit			

Transfer #7

From (Education Account Number)	To (ODU Account Number)	Budget Code	Total Transfer Amount
Purpose/Benefit			

Transfer #8

From (Education Account Number)	To (ODU Account Number)	Budget Code	Total Transfer Amount
Purpose/Benefit			