OLD DOMINION UNIVERSITY INTERDEPARTMENTAL TRANSFER REQUEST

(E-mail signed/scanned form to IDTs@odu.edu).

				1			
CHARGE(ORG/ACCT)				CREDIT (ORG/ACCT)			
DEPT. NAME				DEPT. NAME			
CONTACT NAME				CONTACT NAME			
CONTACT PHONE				CONTACT PHONE			
Authorized Signature:		Da	Date:		Authorized Signature: Date:		
Accounting Distribution for Charge				Accounting Distribution for Credit			
FUND	ORG	SUB ACCOUNT	AMOUNT	FUND	ORG	SUB ACCOUNT	AMOUNT
	Additio	onal accounting	distribution sl	neets attached			
	Origina	al Charge – atta	ch supporting	documentation			
	Correct	tion of Charge -	- attach Banne	r documentation	n		
Explan	ation of Transfe	er:					
FOR ADMI	NISTRATI	VE USE ON	LY				
Processed hw							
-							
Date:			Revised No	d Nov 17, 2025			