

SOFAS Organization Transfer Request

Requester Organization Information

Organization Name: _____
 Organization #: _____
 Date of Request: _____
 Name of Requester: _____

Payee Organization Information

Organization Name: _____
 Organization #: _____
 Organization contact: _____

Transfer Request Information

Amount to transfer: _____
 Reference #: _____
 (if applicable) _____

Reason for Transfer:

Requesters Signature

Date

Please email request to sofas@ku.edu

Transfer Process – SOFAS office only

Complete Journal Entry and send to FACC

Date sent to FACC: _____ Journal entry completed by: _____

FACC to enter Journal Entry and complete transfer

Date submitted by FACC: _____ Submitted by: _____

Comments: