

**Request for Transfer Between Foundation Accounts**

|                       |                              |
|-----------------------|------------------------------|
| <u>Date Requested</u> | <u>Requesting Department</u> |
|-----------------------|------------------------------|

**Contact Information** (Information on this account will be communicated to the Business Manager unless otherwise requested)

|                  |      |         |
|------------------|------|---------|
| Business Manager |      |         |
| Telephone:       | Fax: | E-mail: |

**Transfer Information**

|                 |              |
|-----------------|--------------|
| Transfer Amount | \$           |
| Transfer From:  | Project ID   |
|                 | Project Name |
| Transfer To:    | Project ID   |
|                 | Project Name |

**Purpose of Transfer**

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**Approval**

|                                                                                                                                                                                                              |  |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|
| The undersigned certifies that funds are expended in accord with the terms and conditions established by the donor as well as the policies and procedures established by the LSU Health Sciences Foundation. |  |       |
| Account Custodian                                                                                                                                                                                            |  | Date: |
| Department Head or Dean                                                                                                                                                                                      |  | Date: |
| Chancellor or VC Finance                                                                                                                                                                                     |  | Date: |
| Executive VP/CFO                                                                                                                                                                                             |  | Date: |

Please complete the above form, attach expense documentation and obtain authorized signatures from your department.