



**TRANSFER PAYMENT REQUEST**

This form may be used for University Accounts Only

The department providing service should send the completed form with all the appropriate accounts and signatures to:

HOSPITALITY, ADM 350 OR

FISCAL AFFAIRS ACCOUNTS RECEIVABLE, ADM 358C

**CHARGING DEPARTMENT (to be filled by department providing service)**

Department Name \_\_\_\_\_

Recharge Fields

ACCOUNT FUND DEPT ID PROGRAM CLASS PROJECT

* 570xxx					
----------	--	--	--	--	--

\* to be filled by accounting

**INVOICE (to be filled by department providing service)**

Invoice No. \_\_\_\_\_

Event Date \_\_\_\_\_

Amount \_\_\_\_\_

**PAYING DEPARTMENT (to be filled by department receiving service)**

Type of Request

- Facility Usage
- Property Rental
- Other \_\_\_\_\_
- Catering Service\* (must fill Hospitality Section)

**HOSPITALITY SECTION\***

Type of Event \_\_\_\_\_

Business Purpose \_\_\_\_\_

Number of Participants \_\_\_\_\_

note: attach list of names, titles and affiliation if the group is 25 or less participants

Hospitality Approval \_\_\_\_\_

Invoice total to be charged to one chartfield string, complete below

ACCOUNT FUND DEPT ID PROGRAM CLASS PROJECT

* 670xxx					
----------	--	--	--	--	--

\* to be filled by accounting

AMOUNT

--

Invoice total to be charged to more than one chartfield string, complete below

ACCOUNT FUND DEPT ID PROGRAM CLASS PROJECT

670xxx					
670xxx					
670xxx					
670xxx					

AMOUNT


TOTAL \$ \_\_\_\_\_

**DEPARTMENT APPROVAL (from department receiving service)**

I certify that this is a true statement of entertainment/meeting expenses incurred for University business in accordance with University policy and that the above expenses are appropriate and allowable charges.

I authorize this transfer payment from the above account(s). I have signature authority for the listed chartfields.

Department \_\_\_\_\_

Date \_\_\_\_\_

Requested By \_\_\_\_\_

Extension \_\_\_\_\_

Approved by \_\_\_\_\_

Signature \_\_\_\_\_

please print name

**For ORSP Approval**

ORSP Approver \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Catering Services must be approved by Hospitality first. Hospitality will forward to Accounts Receivable