



**AUTHORIZATION TO TRANSFER CENTRAL WASHINGTON UNIVERSITY
FUNDS TO CENTRAL WASHINGTON UNIVERSITY FOUNDATION**

Complete form and send to Office of the Vice President for
Business and Financial Affairs, MS 7481, for approval and processing.

Name **(Please Print)**: _____

Department/Unit: _____

Ext. _____

Mail stop: _____

CWU Dept ID Charged (Must be local funds): _____

Project ID Charged _____ Op Unit _____ Account Charged _____

Foundation Project ID _____ Foundation Account _____

Amount: _____

Purpose of Transfer:

Departmental Authorization:

Print: _____
(Unit/Department Head)

Signature: _____

Office of the Vice President for Business and Financial Affairs Use Only

Approved: _____
VPBFA or AVPBFA Signature/Date

Approved: _____
President Signature/Date