

ASSOCIATED STUDENT ACTIVITIES  
TRANSFER REQUEST

Transfers can only be processed from student organization to student organization, not from student organizations to colleges or departments.

DATE: \_\_\_\_\_

FROM

TO

Organization

Organization

30

ORG/ACCT# Fund Source Activity Code Semester Code

ORG/ACCT# Fund Source Activity Code Semester Code

EXPENSE

INCOME

Object code Description Amount

Object code Description Amount

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total: \_\_\_\_\_

Total: \_\_\_\_\_

REASON FOR TRANSFER (Additional information and/or description)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach appropriate documentation to show purpose of transfer.  
(Example: copy of registration form, minutes from an organization meeting, membership form, etc.)

TREASURER SIGNATURE

ADVISOR/CO-SIGNING OFFICER

(signature required)

An advisor or co-signing officer signature is required for all transfer requests.

Treasurer email

DATE RECEIVED BYASA

Initials and Date Transfer Completed