



OhioHealth

# Request for Interdepartmental Transfer of Funds

To: General Accounting

Date: \_\_\_\_\_

Note: Request must be made jointly by the department sending the funds and the department receiving the funds

### Transfer Amount:

\$ \_\_\_\_\_

AMOUNT TO TRANSFER

### Account to be debited:

BUSINESS UNIT		OPERATING UNIT	SUBACCOUNT & COST CENTER NUMBERS	
MANAGER		DEPARTMENT	CAMPUS	PHONE

### Account to be credited:

OHLTH		GTHSP	474-200-73030	
BUSINESS UNIT		OPERATING UNIT	SUBACCOUNT & COST CENTER NUMBERS	
Holly Herron		LifeLink Outreach Education	Grant	566-9111
MANAGER		DEPARTMENT	CAMPUS	PHONE

### Approval (Must be signed by Department Manager or Educator):

NAME	SIGNATURE	TITLE	DATE
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### Purpose:

STUDENT NAME	COURSE TYPE	COURSE DATE(S)	COURSE FEE
STUDENT NAME	COURSE TYPE	COURSE DATE(S)	COURSE FEE
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COMMENTS

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## **ⓘ NOTICE - DO NOT SEND TO ACCOUNTING**

Fax the completed form to LifeLink at (614) 566-8077 so that the student's record(s) can be credited. LifeLink will then send the information to accounting to be processed. *Thank you*