



The College of New Jersey Foundation, Inc.

FOUNDATION TRANSFER REQUEST

Transfer Amount Requested \$ _____ Date _____

Transfer from Foundation Account to:

☐ College ☐ Student Accounts* ☐ Student Organization (SFB)** ☐ Auxiliary Program ☐ Other *describe* _____

From: _____
Foundation Description 5 digit Fund Code

To: _____
Fund Organization Category Program/Activity/Location

*Student Accounts – Name and Paws ID(s) for intended recipient(s)
Name(s) PAWS ID(s)

** Student Organization (SFB) – provide club name, chartfields not needed
Club Name

Detail of Expenditures to be Funded by this Request:

Documentation is required. Please attach receipts, invoices, planning documents, etc.

Submitted by *signed* _____

Print Name Email Title Date

I certify that this transfer request is in compliance with account restrictions for the Foundation fund(s) listed and that substantiating documentation, if available, is attached to this request.

Approved by _____
(Dean, Athletics Director, Cabinet Officer or Designee)

Print name Email Title Date

Please allow five to ten business days for transfer review and processing.

FOUNDATION OFFICE USE ONLY

Funding available \$ _____ Request in accordance with donor(s) purpose? ☐ Yes ☐ No

Chartfields for Foundation Program _____

Fund Name for Foundation Program _____

Reviewed by Coordinator of Reporting and Database Management Date

Approved by Executive Director of the Foundation for journal entry and cash transfer Date

Transfer Number _____ Date Submitted to Finance and Business Services _____