

## ACCOUNT TRANSFERS

Fiscal Year 20\_\_\_\_

Riv  MV  Nor  Dist

Preparer's Name	Department	Date

Transfer From:		
Account Number	Account Name	Amount

**Transfer From: Total** \_\_\_\_\_

Transfer To:		
Account Number	Account Name	Amount

**Transfer To: Total** \_\_\_\_\_  
*(must be equal to Transfer From: Total)*

\_\_\_\_\_  
 Club Advisor/Organization Advisor (print name)      Signature \_\_\_\_\_      Date \_\_\_\_\_

\_\_\_\_\_  
 Student Club Treasurer/Representative (print name)      Signature \_\_\_\_\_      Date \_\_\_\_\_

\_\_\_\_\_  
 Organization Representative (print name)      Signature \_\_\_\_\_      Date \_\_\_\_\_

\_\_\_\_\_  
 Associated Students Controller/Treasurer (print name)      Signature \_\_\_\_\_      Date \_\_\_\_\_

\_\_\_\_\_  
 Coordinator, Student Activities (print name)      Signature \_\_\_\_\_      Date \_\_\_\_\_

\_\_\_\_\_  
 Dean Student Life, VP Student Services, or VP Academic Affairs (*academic trust accounts only*) (print name)      Signature \_\_\_\_\_      Date \_\_\_\_\_