



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		COST CENTER	
MANAGER		DEPARTMENT		CAMPUS	PHONE

Account to be credited:

OHLTH		GTHSP		474-200-73030	
BUSINESS UNIT		OPERATING UNIT		COST CENTER	
Holly Herron		LifeLink Outreach Education		Grant	566-9019
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*