REGENT UNIVERSITY INTERDEPARTMENTAL FUND TRANSFER REQUEST

(This request should be used in place of using your Regent JPM credit card for payments related to internal Regent events or functions, as well as for interdepartmental fund transfers.)

TO:	KARON LOCHER,	BUSINESS OFFICE ADM 134
FROM	м :	
SUBJ	JECT:	
DATE	 :	
This	transfer is being is	ssued for:
Even	t:	
Even	t Date:	
Desc	ription:	
Vend	lor (if applicable):	
What	t was the Original	Mode of Payment, if applicable (Check one):
	_Check	Check Date
	Credit Card (CC)	CC Trans. Date Cardholder Name
	ent code than what	pense was charged on the Regent credit card and requires transferring charges to a was originally charged.
Pleas		to Cost Center or Fund/Account Code/Activity Code (if applicable)
Auth	orized Signature:	Date:
Pleas	se Credit \$	For: Description of Payment, if applicable (Check one): Cardholder Name Date Cardholder Name Date separate credit card and requires transferring charges to a ginally charged. To Cost Center or Fund/Account Code/Activity Code (if applicable): Date: Date: to Cost Center or Fund/Account Code/Activity Code (if applicable): Date:
		 Date:

Please scan and email the <u>completed form</u> back to the Business Office at <u>Accounting@regent.edu</u>. Or return completed form to the Business Office ADM 134.