

## Public Health Foundation Funds Transfer Request

Department/Unit:	[			Date:	
(choose from dropdown) Foundation Fund Name:					
Foundation Chartfielder	Due Unit	- I	<u> </u>	Dont	
Foundation Chartfields: (entered by SPH Finance)	Bus Unit	Fund	Source	Dept	Account 559139
Amount Requested:					
<b>Receiving Chartfields:</b>	Bus Unit	Fund	Source	Dept	Account
	UNCCH	29200			462180
Purpose of Funds:	Scholarship Indicate student name and attach award letter				
	Travel funds Indicate traveler name, destination/purpose of trip & award letter				
	Faculty award Indicate faculty name here and attach award letter				
	Other Provide detailed reason for funds request and attach supporting documentation				
Dept/Unit Approvals:	By signing below, I certify that I have reviewed any applicable endowment and fund authority agreements related to this account and this transfer of funds will be used in compliance with these agreements.				
	Department/Unit Business Manager				
	Please send completed forms to: Teri Smith teri@unc.edu or Tiffany Farina tiffany.farina@unc.edu				
Foundation Approval:			<b>T</b>		
	Treasurer or designee				