WEST LIBERTY UNIVERSITY FOUNDATION

**REQUEST FOR TRANSFER FUNDS**

**DATE OF REQUEST:**

**TRANSFER FROM: TRANSFER TO:**

**FUND NAME**

**FUND NUMBER**

## AMOUNT OF TRANSFER: $

**SIGNATURES OF AUTHORIZING ACCOUNT CUSTODIANS**

1. ­

 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PURPOSE OF TRANSFER:** Be specific. Words such as travel, books, speeches or food do not adequately describe the purpose of the transfer.

**PLEASE NOTE:**

Attach any information you may have pertaining to the transfer.

This request cannot be processed without two authorized signatures.