

64 FUNDS REQUEST FORM

Use this form to transfer funds from a CSU Foundation Fund to its matching 64 account



**OFFICE OF
SPONSORED PROGRAMS**
COLORADO STATE UNIVERSITY

Email completed form to:

Sponsored Programs
kim.brendsel@colostate.edu | 970.491.2389

Please retain a copy for your records

FOUNDATION FUND NAME:

FUND #:

DEPT #:

DEPARTMENT NAME:

Please transfer funds from the above-named Foundation fund to:

CSU Account Number:

Amount: \$

CSU Account Contact Name:

Phone:

Email:

This form prepared by:

Date:

Phone:

Email:

Please describe the source of revenue for these funds and any restrictions which apply to spending the funds requested:

These funds will be spent on the following:

TRANSFER APPROVAL: (2 signatures required)

Certification: The undersigned certify that the funds requested above will be spent in full compliance with University regulations, State fiscal rules, and donor intent.

Authorized Signature

Type Name:

Authorized Signature

Type Name: