



# INTERDEPARTMENTAL FUNDS TRANSFER FORM

## I – DEPARTMENT BEING CHARGED

Department: \_\_\_\_\_

Authorized Person: \_\_\_\_\_  
Last Name, First Name Middle Initial

Dept. Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## II – DEPARTMENT RECEIVING FUNDS

Department: \_\_\_\_\_

Authorized Person: \_\_\_\_\_  
Last Name, First Name Middle Initial

Dept. Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## III – AMOUNT & ACCOUNTING

Qty	Description of Item / Reason for Transfer	Unit Price	Total Price	Charged Account	Receiving Account
<b>TOTAL</b>					

### INSTRUCTIONS:

1. This form is used to move/transfer year-to-date financial activity from one dept/account or program code to another. This form is also used to purchase materials and services from other departments within the CVAC Church.
2. Transfers shall be authorized by the Department Heads.
3. Completed and Signed forms may be placed in the treasurer's folder by the copier, or scanned and emailed to [treasurer@ConnecticutAdventist.org](mailto:treasurer@ConnecticutAdventist.org).

### For Treasury Use Only

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Source Acct #: \_\_\_\_\_ Destination Acct # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Treasurer: \_\_\_\_\_