



## TRANSFER OF STATE FUNDS REQUEST MOU

University Hall 360  
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**REQUEST FOR TRANSFER OF FUNDS PER MEMORANDUM OF UNDERSTANDING (MOU) AGREEMENT BETWEEN:**

Service Provider: \_\_\_\_\_ Service Recipient: \_\_\_\_\_

MOU Number: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Description: \_\_\_\_\_

**Billing Schedule:**

Annually	Quarterly	Monthly	Semester:	Spring Fall	Summer Winter
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**CAMPUS SERVICE PROVIDER:** *(Department receiving revenue)*

Requisition No.: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

**PLEASE ATTACH APPROVED MOU WORKSHEET.**

Financial Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Ext: \_\_\_\_\_ Mail Code: \_\_\_\_\_ Email: \_\_\_\_\_

**CAMPUS SERVICE RECIPIENT:** *(Department expending funds)*

Requisition No.: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

**PLEASE ATTACH APPROVED MOU WORKSHEET.**

Financial Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Ext: \_\_\_\_\_ Mail Code: \_\_\_\_\_ Email: \_\_\_\_\_