UNIVERSITY OF ALASKA FAIRBANKS
FOUNDATION DONATION TRANSFER **REQUEST**

INSTRUCTIONS: Complete all fields. Attach any additional backup if needed. Note: do not establish an encumbrance in Banner. Once competed and approved, please remit a copy to uaf-ofa-ap@alaska.edu.

Please provide the following information.

Initiator Name: _____ UAF Department Name and Address _____

Initiatior Email: _____ _____

Please describe explain circumstances that resulted receiving this donation:

_____

_____

_____

_____

_____

Donor Fund or Funds: _____

RE Constituent ID (if known): _____ Date of Gift: _____

_____ Total Donation Amount _____

Account(s) to be charged: _____ (fund) - _____ (org) - _____ (acct) _____ (amount)

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Account(s) to be charged: _____ (fund) - _____ (org) - _____ (acct) _____ (amount)

_____ Date _____

Signature of employee who completed this form

_____ Date _____

Signature of dean or director **__required__ **

Accounting Use Only: