



Request for Transfer
ASNVC & Club Trust Accounts

Account Transfer

Complete and return to the ASNVC Office, Bldg. 1300, Rm. 1342 for approval/signatures of Club Advisor, ASNVC President & CFO, and Manager of Student Life. **Deadline: At least 14 business days before check is needed.**

Questions? Contact Manager of Student Life at 707-256-7340.

Club Account Transfers:

Club Name: _____ Today's Date: _____

Mailing Address: _____

Amount: \$ _____ Reason for Transfer: _____

Date Transfer's Needed: _____ Club Account Number: _____

Contact person _____ Phone: _____

Budget Codes- Fill in appropriate codes.

FUND	ACTIVITY	PROGRAM	OBJ OF EXP	BC/LOC	AMOUNT
ASB-71	000000	0000	_____ (ASNVC line item)	5500	
Clubs-79	000000	0000	_____ (Club Account Number)	0000	

Club Signatures (ALL SIGNATURES REQUIRED)

Club Name: _____ Club President: _____

Club Treasurer: _____ Club Advisor: _____

Meeting date funds were approved: _____ (If amount is over \$200 please attach minutes)

ASNVC Signatures (ALL SIGNATURES REQUIRED)

Mtg. Approved Date: _____ ASNVC President: _____

ASNVC Advisor: _____ Budget Code Number: _____ ASNVC CFO: _____

Administrative use only

Manager of Student Life: _____ DATE: _____

Senior Dean of Student Affairs: _____ DATE: _____
(Only required for amounts of \$300.00 and over)

Approved by Business and Finance: _____ DATE: _____