Maranatha SDA Church

FUND TRANSFER REQUEST FORM

Complete all sections and route for approval prior to sending to Treasury Dept. for processing. Retain a copy for departmental records.

FORM NO. / DATE RECEIVED:

1 TRANSFER DETAILS

DATE

TRANSFER AMOUNT ($)

REQUEST NUMBER (OFFICE USE)

REQUESTOR NAME

PHONE NUMBER

REQUESTOR EMAIL

DATE NEEDED BY

FUNDING DEPARTMENT (FROM)

RECEIVING DEPARTMENT (TO)

DETAILED PURPOSE OF TRANSFER

2 DEPARTMENTAL APPROVAL

☐ I confirm that I met with members of my department and obtained approval for this fund transfer.

MEETING DATE

NUMBER OF MEMBERS PRESENT

3 AUTHORIZED SIGNATURES (TWO REQUIRED)

Per church policy, two (2) authorized departmental signatures are required to approve this fund transfer.

SIGNER 1

PRINT NAME

TITLE / POSITION

SIGNATURE

DATE

SIGNER 2

PRINT NAME

TITLE / POSITION

SIGNATURE

DATE

FOR FINANCE OFFICE USE ONLY

DATE PROCESSED

CHECK / TRANSFER #

PROCESSED BY

APPROVAL STATUS

☐ Approved ☐ Denied

NOTES