## UNIVERSITY of HARTFORD
### INTERDEPARTMENTAL TRANSFER (IDT)

1) **Type of Transaction**
- [ ] Transfer of Funds
- [ ] To Correct a Charge
- [ ] Other

**Date:**

2) **Department to be Charged**

**Department to be Credited**

<table>
<thead>
<tr>
<th>Fund OR Orgn</th>
<th>Sub-Account</th>
<th>Account Title</th>
<th>Fund OR Orgn</th>
<th>Sub-Account</th>
<th>Account Title</th>
<th>$ Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3) **EXPLANATION:** Please explain each transfer in detail. IDT's without sufficient explanation or funds will be returned.


4) **REQUESTED BY:**

**PRINT NAME:**

**DEPT AUTHORIZATION:**

**ACCOUNTING DEPT**

**DATE:**

**EXT:**

**DATE:**

**DATE:**

**DATE:**

**DATE:**

THIS FORM IS NOT TO BE USED AS A BUDGET REVISION
FORWARD TO FINANCIAL ACCOUNTING, FAS BUILDING (FASB), UPON COMPLETION OF THIS FORM

CDS 1/08