

**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

Fund OR Orgn	Sub-Account	Account Title	Fund OR Orgn	Sub-Account	Account Title	\$ Amount

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

4)

REQUESTED BY:

DATE:

PRINT NAME:

EXT:

DEPT AUTHORIZATION:

DATE:

ACCOUNTING DEPT

DATE

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