Centenary College of Louisiana
Controller's Office
Transfer Request Form

Date _____

TRANSFER FROM:

Account Name _____

Amount $ _____

FOAPAL _____

Fund | Org | Account | Program | Activity Code

TRANSFER TO:

Account Name _____

Amount $ _____

FOAPAL _____

Fund | Org | Account | Program | Activity Code

Purpose of Transfer _____

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My signature certifies this account hs sufficient funds to cover the amount requested.

Printed Name | Title | Signature/Date