

OLD DOMINION UNIVERSITY
INTERDEPARTMENTAL TRANSFER REQUEST
 (E-mail signed/scanned form to IDTs@odu.edu).

CHARGE _____ (ORG/ACCT) DEPT. NAME _____ CONTACT NAME _____ CONTACT PHONE _____ Authorized Signature	CREDIT _____ (ORG/ACCT) DEPT. NAME _____ CONTACT NAME _____ CONTACT PHONE _____ Authorized Signature																																								
Accounting Distribution for Charge	Accounting Distribution for Credit																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">FUND</th> <th style="width: 15%;">ORG</th> <th style="width: 15%;">SUB ACCOUNT</th> <th style="width: 15%;">AMOUNT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	FUND	ORG	SUB ACCOUNT	AMOUNT																	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">FUND</th> <th style="width: 15%;">ORG</th> <th style="width: 15%;">SUB ACCOUNT</th> <th style="width: 15%;">AMOUNT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	FUND	ORG	SUB ACCOUNT	AMOUNT																
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- Additional accounting distribution sheets attached
- Original Charge – attach supporting documentation
- Correction of Charge – attach Banner documentation

Explanation of Transfer:

FOR ADMINISTRATIVE USE ONLY

Processed by: _____

Date: _____