EMORY UNIVERSITY
STUDENT GOVERNMENT ASSOCIATION

Internal Transfer Form

Requesting Organization (providing the funding) _____

Smartkey Number to Debit _____

Administrator of Debiting Smartkey_____

Receiving Organization (receiving the funding)_____

Smartkey Number to Credit   _____

Administrator of Receiving Smartkey   _____

Amount of Transfer $_____

_____
Organizational Treasurer's Signature   **Date**

_____
Divisional Treasurer's Signature   **Date**

_____
SGA Treasurer's Signature   **Date**

_____
SGA Business Manager's Signature   **Date**

Reason For Transfer [Print Below]: *Please be specific. If charges are to offset another organizational or departmental account, we will need financial data from their ledgers.*