



Request for Transfer ASNVC & Club Trust Accounts

\$ F F R X Q W 7 U D Q V

Complete and return to the ASNVC Office, Bldg. 1300, Rm. 1342 for approval/signatures of Club Advisor, ASNVC President & CFO, and 0 D Q D of Student Life. **Deadline: At least 14 business days before check is needed.**

Questions? Contact 0 D Q D of Student Life at 707 256-7340.

& O X E F F R X Q W 7 U D Q V I H U V

Club Name: _____ 7 R G D \ W H: _____

Mailing Address: _____

Amount: \$ _____ Reason for Transfer: _____

Date Transfer is Needed _____ Club Account Number: _____

Contact person _____ Phone: _____

Budget Codes- Fill in appropriate codes.

FUND	ACTIVITY	PROGRAM	OBJ OF EXP	BC/LOC	AMOUNT
ASB-71 T 195.96	379.10000_35	1.846 0000	ET Q 351.846 0.51.5 0.36.36	tET 5005	1.846 0.51.5 0.36.36 tET Q 3518 0.36
			(ASNVC line item)		
Clubs-79	00000	0000	(Club Account Number)	0000	