**MEMORANDUM**

DATE:

TO: UHF Fiscal Department, P.O. Box 11270, Honolulu, HI 96828

FROM: Name, Title, Ext, Email address

RE: Transfer of Revenues

Please transfer revenues in the amount of $ .

From DR: UHF account name – UHF account # (###-####-#)

To CR: UHF account name – UHF account # (###-####-#).

The revenues we are requesting are as follows:

\_\_\_\_ 3099 Donations or gifts.

\_\_\_\_ 3199 Fundraising proceeds.

\_\_\_\_ 3299 Other income – non contribution revenues.

\_\_\_\_ 3399 Earnings from Endowment Investments.

The purpose of this transfer is:

**I certify that the purpose of this transfer falls well within the scope of the donor stated purpose of the funding account number. I further certify that we are authorized signers on the funding account.**

Authorized by: Authorized by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name / Title Name / Title (required if over $3,000)