



**Transfer Reimbursement Request Form**

250 W 96th St, Ste 470  
Indianapolis, IN 46260  
(317) 338-2338

Date Requested: \_\_\_\_\_ Business Unit: \_\_\_\_\_ **AMOUNT \$** \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Name of Department: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Reimburse to Dept.# \_\_\_\_\_ Expense Account # \_\_\_\_\_ Foundation Fund # \_\_\_\_\_

**Description of Expense\*:(\*Required, attach separate sheet if necessary.)**

**Do not insert receipts here. Please explain in a way we can share with our donors how these funds are being utilized.**

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

Attach to this original form all **copies** of paperwork documenting details of this expense by your department and to whom the invoice was paid (**be sure to include the department and expense account number to be reimbursed**).

**ATTACH SINGLE-SIDED COPIES OF DOCUMENTS AS FOLLOWS:**

1. Copy of Check Request/Purchase Order/Expense Report/Foundation Grant Approval Letter.
2. The **APPROVED travel expense report** that lists expenditures, with copies of all receipts.
3. Copy of receipts or any documentation that shows when, the amount, and to whom paid.

**Was this expense pre-approved through the Foundation Fund Request system?**  Yes (no signatures required)  No

By signing this Transfer Reimbursement Request Form, the Director, Program Manager, Fund Steward seeks approval from the Executive Director of the Foundation to transfer Foundation funds to the indicated department cost center for the specific purpose stated above. You also acknowledge that the department has incurred the purchase/expense and that the Requestor is forwarding to the Foundation all documentation necessary for the transfer process to occur.

\_\_\_\_\_  
Program Manager/Director

\_\_\_\_\_  
Administrative Council Leader/Fund Steward

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**DO NOT WRITE BELOW THIS LINE: St. Vincent Foundation Authorization**

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\_\_\_ Will issue transfer from Foundation Fund # \_\_\_\_\_ Request #: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
Foundation Business Operations Director

\_\_\_ Transfer request denied, due to: \_\_\_\_\_

Fund balance as of \_\_\_\_\_ Financial Statement (prior to processing this request): \_\_\_\_\_

**ALL TRANSFERS RECEIVED AFTER THE 20th OF THE MONTH WILL BE RECORDED IN THE FOLLOWING MONTH**