

UNIVERSITY OF ALASKA BOOK TRANSFER REQUEST FORM

*Requested by: _____ *Date: _____

*Authorized by: _____ *Date: _____

*Phone # & Univ: _____

TRANSACTION INFORMATION:

*Transfer Amount (U.S. Funds): _____ *Transfer Date: _____

WITHDRAWAL FROM (DEBIT):

*LAST 4 of Account number: _____

DEPOSIT TO (CREDIT):

*Account name: _____

*LAST 4 of Account number: _____

*Comments: _____

CASH MANAGEMENT:

Verified/Approved by: _____ Date: _____

JV# _____

*Indicates required field

NO ELECTRONIC SIGNATURES ARE ALLOWED SUCH AS DOCUSIGN. THIS DOCUMENT CONTAINS PII AND CONFIDENTIAL BANKING INFO. IN ORDER FOR FUNDS TO BE SENT, AUTHORIZED SIGNER MUST APPROVE AND SUBMIT THIS REQUEST VIA EMAIL TO UA-CASH@ALASKA.EDU.