

Transfer Request Form Instructions

Use the **Transfer Request Form** when transferring funds from the foundation to the university. Expenses must have already been incurred and charged to a WBS/Cost Center account. The “transfer request” will reimburse the WBS account from which expenses were paid. For questions regarding this form, contact Tina Barnes at the foundation at tina.barnes@unfoundation.org or 402-458-1123.

****UNO: PLEASE CONTACT LAURIE ALGER at 402-554-6149 or lalger@unomaha.edu BEFORE FILLING OUT A FORM****

1. We typically cannot pay for future expenses or expenses beyond the current fiscal year. Expenses older than the current fiscal year can be paid in most cases. Please include the period during which the expenses were incurred on the “Funding Period” line.
2. The “Contact” line on the form should include the name, phone number and email address of the person to contact if the foundation has questions regarding the transfer request.
3. The “Foundation Fund Name and Number” line should include the foundation fund to be used to pay for the expenses. Please include *both* the name and number of the fund. Please ensure the fund number is an eight (8) digit number. *E.g. The Foundation Fund for Bird Research #01094210.*
4. The “WBS/Cost Center Number” line should include the number of the WBS/Cost Center account that was used to pay for expenses and will be reimbursed with the transfer. Additionally, the “Balance of Account” line is used to show the balance of the WBS/Cost Center. This is typically a negative number as costs have been incurred from this account and the transfer will bring the balance back to \$0. If the balance is positive, please include supporting information as to why.
5. In the “Description of Project” space, please include a brief description of how the project and expenditures relate to the purpose of the fund. The purpose of each fund can be found in the Fund Summary Memorandum on NUFFO. However, please do not copy and paste the fund purpose on this line. We must know how the specific expenses relate to the purpose of the fund.
6. The types of expenses that can be paid via a transfer request are as follows:
 - A. **Salary Expenses** – This space is used for expenses paid for salary and benefits of an employee. Please include the name and title of the person as well as how he/she relates to the nature of the fund. *E.g. Jane Smith (Research Assistant).* If you have any questions regarding the payment of benefits from a specific fund, please contact Tina Barnes at the foundation.
 - B. **Other Expenses** – This space is used for any expenses that are not salary or awards. Please be as detailed as possible. For example, a request for conference expenses should include a detailed description of the conference being attended, the names and titles of those attending, a breakdown of travel costs and registration fees and any other relevant expenses for which you are seeking to have paid from the fund.
 - C. **Award Payments** – This space is for one-time award payments to faculty and staff. Please fill in all the information and route the original signed form to your campus payroll contact.
 - UNK: Jill Purdy at 135 WRNH, UNK, Kearney NE 68849
 - UNL: Lana Anderson at 408 ADMS, UNL, Lincoln NE 68588-0439
 - UNMC: Cyndie Poffenbarger at ADC 4008, UNMC, Omaha NE 68198-5100
 - UNO: Drew Nielsen at 209 EAB, UNO, Omaha NE 68182
7. Please read the Fund Summary Memorandum of the requested fund to determine who has signature/spending authority. This information is also on NUFFO under “Authorized Personnel.” This is the person who *must* sign the form.
8. Although backup documentation is not required for a transfer request, it is most often helpful in ensuring all relevant information has been included. Copies of receipts/invoices, SAP printouts, emails, etc., may contain necessary information that is too cumbersome to include on the Transfer Request Form itself.
9. Once the form is complete, **if it is an award payment, please mail the original signed form to your campus payroll contact (see above).** **For all other expenses, please send the completed form to the following individuals:**
 - UNK: Debbie Tvrdy at 136 WRNH, UNK, Kearney NE 68849
 - UNL: Mardi Bonner at 151 WHIT, UNL, Lincoln NE 68583-0861
 - UNMC: Cyndie Poffenbarger at ADC 4008, UNMC, Omaha NE 68198-5100
 - UNO: Laurie Alger at 208 EAB, UNO, Omaha NE 68182

Those individuals will forward the requests to the foundation for processing. Payment via ACH to the campuses occurs anywhere from weekly to bi-monthly depending on the wishes of the campus.

Request for Transfer from Foundation Funds

Date: _____ Department Name: _____

Project Director: _____

Contact (Name, phone, and email): _____

Foundation Fund Name and Number: _____

WBS/Cost Center Number: _____ Balance of Account: _____

(Put amount as shown on WBS statement "Bottom Cell in the Life to Date" column.)

Description of Project (Planned use of funds): _____

Funding Period (Enter start and end date): _____

Salary Expenses:

<u>Name and Nature of Work Performed</u>	<u>Salary</u>	<u>Benefits</u>	<u>Total</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Expenses:

<u>Provide a Detailed Description</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

Grand Total and Other Expenses

<p>*ONE-TIME AWARD PAYMENTS TO FACULTY AND STAFF*</p> <p>Employee Name: _____ Position Name: _____</p> <p>SAP Personnel Code: _____ Title Code: _____</p> <p>Gross Amount: _____ Date Available: _____</p> <p>Reason for Payment: _____</p>	<p><u>PAYROLL USE ONLY</u></p> <p>Gross Amount: _____</p> <p>FICA Cost: _____</p> <p>Total Cost: _____</p> <p>NUF Auth. Amount: _____</p>
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I certify that the above expenditure is in agreement with the fund agreement for the foundation fund number listed.

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

Foundation Use:

The following three areas have been checked:

1. Authorized Signers
2. Purpose
3. Sufficient Funds

By _____ Date _____

Supervisor Approval:

By _____ Date _____