

**NOCF FOUNDATION
REQUEST TO TRANSFER FUNDS**

Amount:

Date of Request:

Transfer From:

Transfer To:

Purpose for Transfer:

☐

CHECK THIS BOX IF TRANSFER FROM FUND IS TO BE CLOSED WHEN TRANSACTION IS COMPLETE

By signing below, I verify the above transfer is in accordance with the intent, purpose, and restrictions of the projects listed, and, if applicable appropriate supporting donor intent documentation is attached.

Requested By

Phone Number

NOCF Executive Director

NOCF Treasurer

<i>NOCF Accounting Only:</i>
Balance Transferred
Date
Accountant