

OLD DOMINION UNIVERSITY
INTERDEPARTMENTAL TRANSFER REQUEST
 (E-mail signed/scanned form to IDTs@odu.edu).

CHARGE _____ (ORG/ACCT) DEPT. NAME _____ CONTACT NAME _____ CONTACT PHONE _____ Authorized Signature				CREDIT _____ (ORG/ACCT) DEPT. NAME _____ CONTACT NAME _____ CONTACT PHONE _____ Authorized Signature			
Accounting Distribution for Charge				Accounting Distribution for Credit			
FUND	ORG	SUB ACCOUNT	AMOUNT	FUND	ORG	SUB ACCOUNT	AMOUNT

- Additional accounting distribution sheets attached
- Original Charge – attach supporting documentation
- Correction of Charge – attach Banner documentation

Explanation of Transfer:

FOR ADMINISTRATIVE USE ONLY

Processed by: _____

Date: _____