**MEMORANDUM**

DATE:

TO: UHF Fiscal Department, P.O. Box 11270, Honolulu, HI 96828

FROM: Name, Title, Ext, Email address

RE: Transfer and Close UHF Account

*(Fill out if the account has a zero balance)*

Please close UHF account name – UHF account # (###-####-#)

The purpose of this transfer is:

Funds in the following account have been depleted and it is presumed that UHF will not receive further funding from the donor(s), therefore, please close this account. \_\_\_\_\_

*(Fill out if the account has a remaining balance)*

Please transfer the remaining balance in the amount of $\_\_\_\_.\_\_, then close UHF account # (###-####-#)

From DR: UHF account name – UHF account # (###-####-#)

To CR: UHF account name – UHF account # (###-####-#).

The purpose of this transfer is:

**I certify that the purpose of this transfer falls well within the scope of the donor stated purpose of the funding account number. I further certify that we are authorized signers on the funding account.**

Authorized by: Authorized by:

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

Name / Title Name / Title (required if over $3,000)

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For UHF use only

Pledges: \_\_\_\_\_\_\_\_\_\_\_\_ Cash Available: \_\_\_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_\_\_\_\_\_

 Approval by UHF Approval by UHF Approval by UHF