

Conference Services for the University Health Network

Transfer of Funds Form

This form is to be used by University Health Network staff who would like to pay for services provided by Conference Services from a UHN Program/Department via a transfer of money from one UHN account (your Program/Department) to Conference Services.

Please only complete this form after you have received an invoice and quote the invoice number in the space indicated below.

Do not complete a Cheque Requisition.

Please fill in, and send to:

Conference Services
550 University Avenue
East Wing, 5th Floor, Room 5-121
Telephone: (416) 597-3422 ext. 3448
Email: nancy.la@uhn.ca

Payment For: _____ (*Event*)

_____ (*Invoice #*)

From: _____ (*program/service*)

Payment of \$ _____ (This is an internal transfer of funds)

to be withdrawn from _____ - _____ - _____

Business Area

Account

GL

Name of Authorizing Individual: _____

Date: _____ Authorizing Signature: _____ Ext: _____

To be completed by Conference Services

Money to be deposited to Account # _____

Date: _____ Authorizing Signature: _____