

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

<b>CHARGE</b> _____ (ORG/ACCT) DEPT. NAME _____ CONTACT NAME _____ CONTACT PHONE _____  Authorized Signature				<b>CREDIT</b> _____ (ORG/ACCT) DEPT. NAME _____ CONTACT NAME _____ CONTACT PHONE _____  Authorized Signature			
<b>Accounting Distribution for Charge</b>				<b>Accounting Distribution for Credit</b>			
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: \_\_\_\_\_