



Channel Islands

CALIFORNIA STATE UNIVERSITY

DIVISION OF FINANCE & ADMINISTRATION

## INTERAGENCY FINANCIAL TRANSACTIONS (IFT) REQUEST FORM

For use in lieu of invoice for transactions between CSU Channel Islands and other CSU campuses and/or the Chancellor's Office. The campus receiving funds is to complete the IFT.

Date: \_\_\_\_\_

### Requestor Contact Information:

First and Last Name: \_\_\_\_\_  
Department/Program: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Campus Chartfield String to Receive Funds:

Account	Fund	Dept ID	Program	Class	Project
_____	_____	_____	_____	_____	_____

### Explanation of Transaction Request:

### Charge Information:

Campus to Charge: \_\_\_\_\_  
Dollar Amount: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_  
Contact Telephone: \_\_\_\_\_

**Note: Supporting documentation (emails, registration forms, MOU, Designated Signature Authority, etc.) must be provided.**

Submit the completed form to your department's approved IFT requestor.