



University of Massachusetts, Boston
Student Life Financial Access Form
Inter Activity Transfer of Funds (IAT)

Date: _____

- Our organization wishes to transfer funds to share expenses with the receiving organization listed below.
- Our organization wishes to pay the receiving organization listed below for goods or services rendered.

The receiving organization has provided us with the following goods or services:

Organization Transferring Funds:

Name: _____
 Speed Type #: _____
 Account #: _____
 Fund: _____
 Department: _____
 Program: _____
 Project or Grant: _____
 Amount of Transfer:\$ _____

Organization Receiving Funds:

Name: _____
 Speed Type #: _____
 Account #: _____
 Fund: _____
 Department: _____
 Program: _____
 Project or Grant: _____
 Amount of Transfer:\$ _____

 Authorized Signature Date

 Authorized Signature Date

IAT #: _____

Processed By: _____