

**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>																																								
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- 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: \_\_\_\_\_