



# Internal Transfers

Name of Society

\_\_\_\_\_  
Signature of Society President

\_\_\_\_\_  
Signature of ECA President

\_\_\_\_\_  
Signature of Society VP Finance

\_\_\_\_\_  
Signature of ECA VP Finance

Invoice Date	Description	Invoice #	*Reservation #	Amount CAD	Budget Line	✓	✓
<b>Total</b>				\$			

For Office Use Only

Payee	
Address	
Phone	
Email	
Reservation #	

Received By	
Date Recieved	
Processed By	
Date Processed	
Check/Tx #	

\*if applicable (for hospitality bookings)