2019 ANNUAL MARTIN LUTHER KING, JR.

LUNCHEON REQUEST TO TRANSFER FOUNDATION

Requested by: ____________________________ Date: ______________

Department: ____________________________ MC: ______________

Phone Number: __________________________ Email __________________

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Participants (Please list all guests who will be seated at your table.):

________________________________________________________________________

Event/Function: MARTIN LUTHER KING, JR. LUNCHEON

(Please specify the arrangement the department or office is interested in. Each table will seat 8 people.)

$50.00 per person: No. of seats ______

Table $400.00 No. of tables ______

Sponsorship $500.00: No. of sponsorship tables ____________

Date of Event: January 25, 2019

Amount of the Transfer: $_______ Debit Foundation Fund: ________

Authorized Signature: _____________________________________________

Please print out and return the hard copy of this Transfer of Funds Request to Kaia Brown, Department of Africana Studies, MC 6032.

Thank you.

For Africana Studies use only

Received by: __________ Date Received: __________

Credit Fund: __________________

Transfer description: __________________________

TRF CCL ____________________ (# of seats) ____________________ (college/dept. abbrev.)