

UNIVERSITY OF OKLAHOMA

TRANSFER FORM

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Reversing Entry? <input type="checkbox"/> Yes or <input type="checkbox"/> No Reversal Date: _____ Accounting Period: _____ Create Due To/From? <input type="checkbox"/> Yes or <input type="checkbox"/> No

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JUSTIFICATION/PURPOSE

I CERTIFY THAT DOCUMENTATION IN SUPPORT OF THE ABOVE TRANSACTION IS ON FILE AND AVAILABLE FOR REVIEW UPON REQUEST. I UNDERSTAND THAT SAID DOCUMENTATION IS TO BE MAINTAINED FOR A PERIOD OF NOT LESS THAN FIVE YEARS FROM THE DATE OF THE TRANSACTION.

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