**REQUEST TO TRANSFER FUNDS**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Northern Sydney Local Health District

 Research Office, Royal North Shore Hospital

 St Leonards 2065 NSW

Dear Research Finance Team,

Could you please transfer the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the **(Purpose of the transfer**) from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cost centre to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cost centre**.**

Attached, please find the copy of the relevant supporting documents.

The sum of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ should be charged to Cost Centre \_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVED BY

COST CENTRE MANAGER

DATE: