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DISCRETIONARY FUND REQUEST

Please Type or Print Clearly

DATE PRF DISCRETIONARY ACC	OUNT # (7 digits)
DEPARTMENT (full dept. name)	
FORM PREPARED BY	
PAYMENT REQUEST (ORIGINAL RECEIPTS/INVOICES MUST AC	COMPANY ALL REQUESTS)
UNIVERSITY ACCOUNT # (if applicable)	
PURPOSE OF EXPENSE	
PAYABLE TO	AMOUNT \$
TRANSFER FUNDS TO ANOTHER PRF DISCRETION	DNARY ACCOUNT
TO PRF DISCRETIONARY ACCT # (7 digits)	AMOUNT \$
PURPOSE OF TRANSFER	
Authorized Signature	Date
 Printed Name	