



University Use:

DISCRETIONARY FUND REQUEST
Please Type or Print Clearly

DATE PRF DISCRETIONARY ACCOUNT # (7 digits)
DEPARTMENT (full dept. name)
FORM PREPARED BY PHONE #

PAYMENT REQUEST (ORIGINAL RECEIPTS/INVOICES MUST ACCOMPANY ALL REQUESTS)

UNIVERSITY ACCOUNT # (if applicable)
PURPOSE OF EXPENSE

PAYABLE TO AMOUNT \$

TRANSFER FUNDS TO ANOTHER PRF DISCRETIONARY ACCOUNT

TO PRF DISCRETIONARY ACCT # (7 digits) AMOUNT \$
PURPOSE OF TRANSFER

Authorized Signature Date

Printed Name

RETURN FORM TO PRF/KPTC - ACCOUNTS PAYABLE DEPARTMENT