



REQUIRED AS OF 07/01/22  
Internal Order# or WBSE#

**DISCRETIONARY FUND REQUEST**  
*Please Type or Print Clearly*

Revision July 2024

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

Email Completed Form and Documentation to [prfap-discretionary@prf.org](mailto:prfap-discretionary@prf.org)