



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

DISCRETIONARY FUND REQUEST
Please Type or Print Clearly

Revision March 2026

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

(Description 30 characters max)

PAYABLE TO Name: _____ AMOUNT \$ _____

Email: _____

Address: _____

TRANSFER FUNDS TO ANOTHER PRF DISCRETIONARY ACCOUNT

TO PRF DISCRETIONARY ACCT # (7 digits) _____ AMOUNT \$ _____

PURPOSE OF TRANSFER (Description 30 characters max)

Authorized Signature _____ Date _____

Printed Name _____

Email Completed Form and Documentation to prfap-discretionary@prf.org