
_____ : _____

PO ___ LPO___ JV___ Employee Reimbursement ___

Fund: _____ ORG: _____ Account: _____ Amount: \$ _____

Fund: _____ ORG: _____ Account: _____ Amount: \$ _____

payment of representational

the following certification:

Printed Name of Preparer Date

Department/Phone Number/

of Dean, Director or designee Date

Department/Phone Number

_____ & Date University Housing/Dining/Conference Services (if applicable) Send form to Financial Services after obtaining waiver signature.