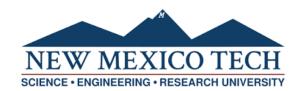
Requestor: _	
Department:	
Phone:	
Fax:	



## **Payroll Accounting Distribution Order**

Employee	Employee Position #		Banner ID	Effective	Effective Date	
Current Distribution (INDEX & FUND ONLY)		New Distribution		Fund Termination Date*		
	% %					
	0/2					
	%		0/			
	%		%			
*If termination date entered,	use below lines	to list the next	distribution. Make sure	term and start dates coi	ncide	
with end and start of pay per	iods. No chang	es can be made	in the middle of a pay pe	eriod.		
2. Second Distributi	ion	New Dis	stribution			
	%		0/			
	%					
	%		%			
	%					
	<sup>%</sup> / <sub>%</sub> -					
	/0		%			
Signature of Requestor		Date	Division President President/Designe		Date	
Department Signature		Date	Sponsored Project Funds (More th	ets/Restricted an Two Letters)	Date	
P.I./Project Manager		Date	Budget & Analysis One Letter or Less		Date	
Employee Signature		Date	One Letter or Less	) 		

Payroll Use Only:

Entered By:

Verified By: