Requestor: _	
Department:	
Phone:	
Fax:	



## **Payroll Accounting Distribution Order**

Employee	Employee Position #	Banner ID	Effective Date
Current Distribution	n New I	Distribution	Fund Termination Date*
	%	%	
	%		
	%	%	
	% %	% %	
	%		
*If termination date entered, us with end and start of pay period			are term and start dates coincide  period.*
2. Current Distribution	on New I	Distribution %	Fund Termination Date*
	%		
	% %	%	
		%	
	%		
	%	%	
Use the date the fund is termin	ng, if a student position,	only use term of fund	I
gnature of Requestor			Date
rincipal Investigator/Project	Manager	Department/Division Head	
&ED or Academic Affairs			Restricted Funds
		* Please only enter	one Employee per Form.
ıdget & Analysis		The other lines a	re used to change funds
		back or to anothe known.	er fund if term date is
yroll Use Only:  Entered	Bv:	Verified By:	