CHARGE/PAYMENT INITIATION FORM

SAR CHARGE CODE
INITIATION FORM

Department: _____

Transaction Description (30 characters or less):

Purpose/Explanation: _____

_____

_____

Frequency of Transactions per Month: _____

Max. Amount per Transaction: _____

KFS Information

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Campus Account Object-Code Entry-Code

_____

Prepared By & Date Signature Department Head & Date

Contact: Phone# _____ Email Address _____

Office of the Bursar SAR Control Group Only

Date Received: _____ Effective: _____

Transaction Code (TCode) Assigned: _____

Short Description:
(12 characters)

Campus Address: Accounting Department
1110 Lee Building
College Park, MD 20742
FAX # (301) 314-9721