Research Analytics staff initial KJW Date: 7/1/2018 Form Number: R-18-30

CHARGE FORM

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Name Pete Connor

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Department Mathematical Sciences

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Phone _____ E-Mail _____

AccountNumber> _____ Sub-Acct _____ Object code _____

Sub Account	*Description*	*Serial Number*	*Quantity*	*$ / Item*	*Amount*
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