Research Analytics staff initial KJW Date: 7/1/2018 Form Number: R-18-34

CHARGE FORM

UITS Research Analytics
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Name Valerie Decker

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Department Social Work

Mailing Address ES 4108 Campus IUPUI

Phone _____ E-Mail _____

AccountNumber> _____ Sub-Acct _____ Object code _____

Sub Account	*Description*	*Serial Number*	*Quantity*	*$ / Item*	*Amount*
SMSAL	Custom Tables		2		$ 150.00
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Customer Signature_____ **Total** $ 150.00

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