Research Analytics staff initial KJW Date: //1/2018						Form Number:	R-18-35
C H A R G	Traine Stephanie Bieke	200 05	ics				
F O R	M	Check one: Faculty Staff Contacted by: Phone					ail Mail
Department ISCC							
Mailing Address 410	N. Park Ave		Campus	IUB			
Phone			E-Mail				
AccountNumber>					ect code		
Sub Account SMSAL	Description JMP		Serial Nu	ımber	Quantity 1	\$ / Item	<i>Amount</i> \$ 50.00
66-101-08	SAS NEW all				<u> </u>		\$ 125.00

**Customer Copy** 

Customer Signature\_\_\_\_\_

Total \$

175.00