Research Analytics staff in	nitial <u>KJW</u> Date: <u>7/1/2018</u>	8		Form Number:	R-18-40
CHARGE	Traine Ixini Dunning	200			
F O R N	Check one: Facult	y Staff Contacted l	by: Phone [Walk-ine-M	IailMail
Department Pub Health					
Mailing Address		Campus IUB			
AccountNumber>			Object code		
Sub Account	Description	Serial Number	Quantity	\$ / Item	Amount
SMSAL	Amos		1		\$ 150.00
66-101-08	JMP		1		\$ 50.00
	SAS NEW all		1		\$ 125.00

Customer Copy

Customer Signature__

325.00

Total _____