Research Analytics staff initial KJW Date: 7/1/2018 Form Number: R-18-76

CHARGE FORM

UITS Research Analytics
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Name Komal Kochhar

Check one: ☐ Faculty ☐ Staff Contacted by: ☐ Phone ☐ Walk-in ☐ e-Mail ☐ Mail

Department Fam Med

Mailing Address HS 2127 Campus IUPUI

Phone _____ E-Mail _____

AccountNumber> _____ Sub-Acct _____ Object code _____

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