Research Analytics staff initial KJW Date: 7/1/2018 Form Number: R-18-79

CHARGE FORM

UITS Research Analytics
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Name Amber Kriech

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Department Ped/Adol

Mailing Address HS 1001 Campus IUPUI

Phone _____ E-Mail _____

AccountNumber> _____ Sub-Acct _____ Object code _____

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