Louisiana State University
Office of Accounting Services
Accounts Payable & Travel
217 Thomas Boyd Hall
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REQUEST FOR DECLINING BALANCE CARDS FOR UNIVERSITY PROGRAM PARTICIPANTS

AS527

Request Date		Department	Department Progr. Name			
Contact		Phone	E-mai	E-mail		
Brief Description of Participant's Function	١		Begin Date		End Date	
TigerCASH Paw Points		Meal Plan				
ID Type:	Color (\$2.50 each	Color (\$2.50 each)				
Spend Category		Program		Project		
Gift		Grant		Cost Center		

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Request Date					
Location Options					

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Request Date _____

#	LSU ID	Participant Name	Amount	Affiliation with LSU	Resident (R) Commuter (C)
1					
2					
3					
4					
5					
6					
7					

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