

CHARGE/PAYMENT INITIATION FORM

SAR CHARGE CODE INITIATION FORM

Department: _____

Transaction Description (30 characters or less):

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Purpose/Explanation: _____

Frequency of Transactions per Month: _____

Max. Amount per Transaction: _____

KFS Information

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Campus		Account								Object-Code						Entry-Code		

Prepared By & Date _____

Signature _____

Department Head & Date _____

Contact: Phone# _____ Email Address _____

Student Financial Services and Cashiering

Date Received: _____ Effective: _____

Transaction Code (TCode) Assigned: _____

Short Description:
(12 characters)

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**Campus Address: Accounting Department
1110 Lee Building
College Park, MD 20742
FAX # (301) 314-9721**