REQUEST TO CLAIM ELECTRONIC FUNDS
OVER 90 DAYS OLD

Name of Department/School Requesting Funds: ____________________________________
Department Contact and Phone Number: _______________________________________

TRANSACTION INFORMATION:
Date of Electronic Payment to the University: _______________
Amount of Transaction: _______________
Who sent the Funds? _______________
Purpose of the Payment to Purdue University: _________________________________

Explanation of why funds were not claimed within 90 days:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

General Ledger Fund, Cost Center/Order, and GL Account where funds should be
transferred: ____________________________________________________________

APPROVALS:
Departmental Approval ____________________________ Date _______________
The Office of Treasury Operations Approval _____________________________ Date _______________

The completed form should be sent to: The Office of Treasury Operations, FREH

http://www2.itap.purdue.edu/BS/Business_Forms/