

**REQUEST TO CLAIM ELECTRONIC FUNDS**  
**OVER 90 DAYS OLD**

Name of Department/School Requesting Funds: \_\_\_\_\_

Department Contact and Phone Number: \_\_\_\_\_

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**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*