



**REQUIRED as of 7/1/2022**

**DISCRETIONARY FUND REQUEST**  
*Please Type or Print Clearly*

DATE \_\_\_\_\_ PRF DISCRETIONARY ACCOUNT # (7 digits) \_\_\_\_\_  
DEPARTMENT (full dept. name) \_\_\_\_\_  
FORM PREPARED BY \_\_\_\_\_ PHONE # \_\_\_\_\_

**PAYMENT REQUEST** (ORIGINAL RECEIPTS/INVOICES MUST ACCOMPANY ALL REQUESTS)

UNIVERSITY ACCOUNT # (if applicable) \_\_\_\_\_  
PURPOSE OF EXPENSE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAYABLE TO \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRANSFER FUNDS TO ANOTHER PRF DISCRETIONARY ACCOUNT**

TO PRF DISCRETIONARY ACCT # (7 digits) \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
PURPOSE OF TRANSFER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name \_\_\_\_\_

**RETURN FORM TO PRF/KPTC - ACCOUNTS PAYABLE DEPARTMENT**