## Internal Transaction & PCARD form

If the funding source is "Fundraising" or "Gift," specify BL(s), if any. For SAF, name CBPIBI(s) you "other," describe here. wish to charge. Specify transaction type: (choose only one) JE (GAO) / Transfer Write in pens only. No pencits or crayons. (Incl. Union loans/debit) Reservation # (CES): Order # (CEXP); Email: ER (CES) Phone: PCARD Date; MAIL CEXP Specify funding source(s) and amount(s): Explanation of Transaction & Notes Emergency Request Regular Marathon Early Marathon Club Fundraising Vendor Name (PCARD): Other (Specify) Dept. Chart String (JE): Gift Fund Preparer: Mailbox: Club:

Total:  Account Fund Dept Program Amount	For adminis	trative use only	. Do not wr	For administrative use only. Do not write below this line.			L
Fund Dept Program Amolini	Request ID:			Total:		, ***	- 18
	Club / Dept / Source / Payment Net Transaction ID	Account	Fund	Dept	Ргодгал	Amoint	1
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Signatures:

Student Union Treasurer

Budget Analyst

A VP for S&E