

FORM MUST BE ATTACHED TO ALL DS-2019 REQUEST FORMS, H-1B and TN APPLICATIONS.

- KEEP A COPY OF THIS FORM AS A RECEIPT FOR YOUR DEPARTMENT'S RECORDS
- PROVIDE A COPY OF THIS FORM TO YOUR DEPARTMENT'S BUSINESS/FINANCIAL OFFICE
- THE INTERNATIONAL CENTER/STUDENT LIFE & LEADERSHIP BUSINESS OFFICE IS UNABLE TO PROVIDE ADDITIONAL FINANCIAL DOCUMENTATION

SCHOLAR INFORMATION	
DATE [MM/DD/YYYY]:	
SCHOLAR LAST NAME:	
SCHOLAR FIRST NAME:	
SERVICE REQUESTED:	<input type="checkbox"/> J-1 [\$50.00] <input type="checkbox"/> H-1 [\$500.00] <input type="checkbox"/> TN [\$250.00]

DEPARTMENT RECHARGE INFORMATION (* REQUIRED FIELD)		
*KFS ACCOUNT #	SUB ACCOUNT #	OBJECT
SUB-OBJECT	PROJECT	ORG. REF. ID.

SIGNATURE AUTHORIZATION [BY SIGNING BELOW, YOU ARE AUTHORIZING DEPARTMENTAL RECHARGE AND PROOF THAT YOU ARE AUTHORIZED TO USE THIS ACCOUNT]			
DATE [MM/DD/YYYY]:	PRINT NAME:	SIGNATURE:	
DEPARTMENT NAME:			
DEPARTMENT ADMINISTRATIVE CONTACT NAME:		EXT.	EMAIL:
DEPARTMENT BUSINESS/FINANCIAL MANAGER NAME:		EXT.	EMAIL:
DEPARTMENTS SHOULD KEEP A COPY OF THIS FORM AND PROVIDE IT TO YOUR OWN FINANCIAL BUSINESS MANAGER AS NEEDED			