Louisiana State University
Office of Accounting Services
Accounts Payable & Travel
217 Thomas Boyd Hall

RECEIPT OF DECLINING BALANCE CARD AS527-A

Program Name _____

Contact _____ Phone _____ Email _____

Dates of Participation _____ to _____ Approved by _____ Date _____

Program _____ Project _____ Gift _____ Grant _____ Cost Center _____

Fund _____ Function _____ Additional Worktags _____

#	LSU ID	Participant Name	Amt Received	Signature
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