



REQUEST FOR DECLINING BALANCE CARDS FOR UNIVERSITY PROGRAM PARTICIPANTS

AS527

Request Date		Department		Program Name	
Contact		Phone		E-mail	
Brief Description of Participant's Function				Begin Date	End Date
<input type="checkbox"/> TigerCASH		<input type="checkbox"/> Paw Points		<input type="checkbox"/> Meal Plan	
ID Type:	<input type="checkbox"/> Color (\$2.50 each)				
Spend Category		Program		Project	
Gift		Grant		Cost Center	
Fund		Function		Additional Worktags	
#	LSU ID	Participant Name	Amount	Affiliation with LSU	Resident (R) Commuter (C)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
APPROVALS		Signature	Printed Name		Date
Program Administrator					
Dean/Director or Dept Head/Chair					
Sponsored Program Accounting					
Accounts Payable/ Accounting Services					



LOUISIANA STATE UNIVERSITY

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<u>Location Options</u>	
<input type="checkbox"/>	All
<input type="checkbox"/>	Print/Copy
<input type="checkbox"/>	Vending Machines
<input type="checkbox"/>	Food
<input type="checkbox"/>	On Campus
<input type="checkbox"/>	Off Campus (includes Winn Dixie, CVS, and other retail outlets)
<input type="checkbox"/>	Laundry

APPROVALS	Signature	Printed Name	Date
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Dean/Director or Dept Head/Chair			
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