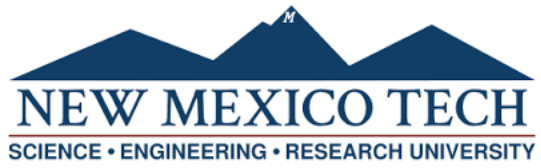


Requestor: _____
 Department: _____
 Phone: _____
 Fax: _____



Payroll Accounting Distribution Order

Employee	Employee Position #	Banner ID	Effective Date
Current Distribution (INDEX & FUND ONLY)	New Distribution		Fund Termination Date*
_____ %	_____ %	_____ %	_____
_____ %	_____ %	_____ %	_____
_____ %	_____ %	_____ %	_____
_____ %	_____ %	_____ %	_____
_____ %	_____ %	_____ %	_____
_____ %	_____ %	_____ %	_____

*If termination date entered, use below lines to list the next distribution. Make sure term and start dates coincide with end and start of pay periods. No changes can be made in the middle of a pay period.

2. Second Distribution	New Distribution
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %

Signature of Requestor	Date	Division Head (President or Vice President/Designee)	Date
Department Head	Date	Sponsored Projects/Restricted Funds (More than Two Letters on Funds)	Date
P.I./Project Manager	Date	Budget & Analysis(Only needed if Fund has Two Letters or Less)	Date

Payroll Use Only: Entered By: Verified By: