

**REVOLVING FUND**  
**AUTHORIZE PAYMENT**

Please pay to: \_\_\_\_\_  
*(Please attach invoice)*

Name of Fund: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Advisor: \_\_\_\_\_  
*Signature* *Date*

Faculty/Staff: \_\_\_\_\_  
*Signature (if necessary)* *Date*

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