



LOUISIANA STATE UNIVERSITY

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
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				