



Department submitting DFE will select appropriate agency

Last 6 digits of receipt number assigned by Cash Management Staff

C

Receipt Number (Ref 2)

Deduction from Expenditure

FAMIS Screen 013

Please attach a copy of voucher or copy of FAMIS Screen 168

06 Research 07 Extension 20 TVMDL

Accounting Analysis:

Department will fill in the Account & SA/Proj for DFE. Must match documentation provided with DFE

SL/Account

SA/Project

Expense Code

Type: 4

If a dept ref is provided, it will be keyed in.

Ref. #: _____

Date: _____

35 characters; vendor name associated with original expense, preceded by "DFE:"

Description: DFE: _____

Amount: \$ _____

Total of funds included with DFE

Debit/Credit: C

Ref. No 2: C

Last 6 digits of receipt number assigned by Cash Management Staff

Ref. No 4: _____

FAMIS voucher number associated with original expense 7 characters maximum
A separate DFE form must be submitted for each payment being reimbursed

Departmental approval

Memo Bank: _____

Departmental Approval:

Signed: _____

Date: _____

Dept/Unit: _____

Department or unit submitting DFE

Cash Management Approval

Fiscal Office Prepared:

Signed: _____

Date: _____

Cash Management Staff will add additional information & sign

Fiscal Office Approved:

Signed: _____

Date: _____