

# COLLEGE *of* EDUCATION

## BI-WEEKLY DISTRIBUTION CHANGE FORM

NAME: \_\_\_\_\_ ID: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

### NEW DISTRIBUTION

| ACCOUNT | AMOUNT |
|---------|--------|
| _____   | _____  |
| _____   | _____  |
| _____   | _____  |
| _____   | _____  |

\_\_\_\_\_  
\*PI/Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Signature

\_\_\_\_\_  
Date

\*Based on Funding Type

Revised 7/1/2011