

RFS Financing for

Date Submitted:

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5 H V S R Q V L E O H) L Q D Q F H 0 D Q D J H U & R Q W D F W , Q I R U P D W L R Q

Name & Title:

Email/Phone:

Department/Area/Division Office:

Project Name/Description:

Operations Project # (if available):

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\$ F W X D O 2 5 (V W L P D W H G (Q G ' D W H

\$ F W X D O (V W L P D W H G % X G J H W

Project FOP #/s (if in progress or completed, where the expenditures to):

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Component Institution CFO Review and Approval of Eligibility:

Signature:

Date:

System