



[Empty box for Voucher Number]

Voucher Number (Ref 2)

DEDUCTION FROM INCOME FAMIS Screen 104

Receipts copies, memos, etc

Please attach all documentation to substantiate this refund.

Created by FAMIS, when DFI is entered. DFI's will be filed by this number with all other vouchers

Research - 06 Extension - 07

Department submitting DFI will select appropriate agency

VENDOR NAME: _____

Vendor name & ID number will be provided by department

VENDOR NO.: _____

TYPE: 1

If a dept ref is provided, it will be keyed in. If none is provided, we will use the CB number from the cashbook
7 characters maximum

DEPT. REF. #: _____

ENCLOSURE CODE: Y

Invoice date will be date the DFI is submitted

INVOICE DATE: _____

DESCRIPTION: **DFI:** _____

Description of why we are returning funds....always preceded by "DFI:"
Must be descriptive enough to back up request

ACCOUNTING ANALYSIS:

Department will fill in the Account & SA/Proj where funds were originally deposited

SL/Account

SA/Project

[Empty box for Revenue Code]

Revenue Code

MEMO BANK: [Empty box]

Amount to be refunded.

AMOUNT: \$ _____

INVOICE NO.: **DFI** _____

Must be an authorized approver for this account

Cash Management Staff will add additional information & sign

Fiscal Office Prepared

Signed _____
Date _____
Dept/Unit _____

Signed _____
Date _____

LaserFiche Document [Empty box]
Filename assigned to scanned document in LaserFiche

Signed _____
Date _____

Approved