



DEDUCTION FROM EXPENDITURE FAMIS Screen 013

C

Receipt Number
(Ref 2)

Last 6 digits of receipt number assigned by Cash Management Staff

Department submitting DFE will select appropriate agency

Please attach copy of voucher or copy of FAMIS screen 168

Research – 06 **Extension – 07** **TVMDL – 20**

ACCOUNTING ANALYSIS:

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

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

TYPE: 4

REF. #: _____

DATE: _____

DESCRIPTION: DFE: _____

AMOUNT: \$ _____

DEBIT / CREDIT: C

SL/Account

SA/Project

Expense Code

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

Total of funds included with DFE

FAMIS voucher number or Purchasing Card reference 2 associated with original expense
7 characters maximum
A separate DFE form must be submitted for each payment being reimbursed.

REF. No 2: **C**

REF. No 4: _____

MO BANK: _____

Departmental approval

Cash Management Staff will add additional information & sign

Fiscal Office Prepared

Departmental Approval
Signed _____
Date _____
Dept/Unit _____

Signed _____
Date _____
Cash Management Approval

Approved
Signed _____
Date _____