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|  | | | | | | | **Payment Cash Checking**  **Fund Level Bypass Request** | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Date: |  | | | | | | | | Business Unit *(5 digits)*: | | | |  | | | | | |
| Requesting Agency: | | | | |  | | | | | | | | | | | | | |
| Requester Name: | | | |  | | | | | | | | | | | | | | |
| Requester Phone: | | | |  | | | | | | | | | | | | | | |
| Requester Email: | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Fund Level Bypass** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| *Identify the Fund and Business Unit combination(s) to be exempted from the Cardinal Payment Cash Checking process.* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Fund *(5 digits)*: | | |  | | | | | Fund Name: | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Business Unit(s): | | | | | | | | | | | | | | | | | | |
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| Business Reason for Exemption: | | | | | | | | | | | | | | | | | | |
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| **DOA General Accounting Office Approval** | | | | | | | | | | | | | | | | | | |
| Approved By: | | |  | | | | | | | | | | | | | Date: |  | |
|  | | | | | | | | | | | | | | | | | | |
| **For Processor Use Only** | | | | | | | | | | | | | | | | | | |
| Entered By: | | |  | | | | | | | | | | | | | Date: |  | |
|  | | | | | | | | | | | | | | | | | | |
| Configuration Reviewed By: | | | | | | |  | | | | | | | | | Date: |  | |
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