UNIVERSITY OF CALIFORNIA, SANTA BARBARA
ACCOUNTING SERVICES & CONTROLS

MULTIPLE DISTRIBUTION CODING BLOCK

Attach to Form-5 Payment Request payable to:

______________________________ Date ______________

Name of Budget to be Charged	L	Account	Fund	S	Obj Cd	Cost Cntr	Cost Type	Project	AMOUNT (“-“ = CR)	

UNIVERSITY OF CALIFORNIA, SANTA BARBARA
ACCOUNTING SERVICES & CONTROLS

MULTIPLE DISTRIBUTION CODING BLOCK—Department Copy

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