|  |  |
| --- | --- |
|  | **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): |
|  |  |  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |  |  |
|  |
| Business Reason for Exemption: |
|  |
|  |
| **DOA General Accounting Office Approval** |
| Approved By: |  | Date: |  |
|  |
| **For Processor Use Only** |
| Entered By: |  | Date: |  |
|  |
| Configuration Reviewed By: |  | Date: |  |
|  |