



RECHARGE ORDER REQUEST

										SVC UNIT 1	DEPT. CODE 2	REQUISITION NUMBER 3	P/F 4
RCHG ID	LOC	ACCOUNT	CC	FUND	PROJECT	SUB	OBJECT	SOURCE	CHARGE AMOUNT		MEMO-LIEN AMOUNT		
5	6 4	7	8	9	10 J1	11 03	12	13	14		15		

TO ¹⁶ Dashew Center - Visa services

FROM ¹⁷ _____ Department

DATE ¹⁸ _____

PREPARED BY ¹⁹ _____ TELEPHONE _____

APPROVAL SIGNATURE ²⁰ _____ TELEPHONE _____

SEND BILL TO ²¹ _____ Dept
53-231 CHS

DELIVER TO ²¹ _____

RECEIVED BY ²³ _____

²⁴ QUANTITY	²⁵ ARTICLE OR SERVICE	²⁶ UNIT PRICE	²⁷ AMOUNT
1	Initial (extension, etc) J1 SEVIS fee name: Dates: Sponsoring PI:	\$40 per year X ? yrs	\$40 (\$80, \$120)