

## RECUEST FOR NEW WORKDAY DRIVER WORKTAG



REV 06/19)		Department: Phone:	
o: David Salzburg, Controll 150 Gables One Tower, C <u>dsalzburg@miami.edu</u>		Thone	
pe of Account:	O PROGRAM	O SPENDABLE O	GIFT
		esearch Administration (attn.: Rita Castañedank forms, go to http://www.miami.edu/control	
Program/Project Manage		Gift Reviewer:	1.
	2.		2.
		_	
Finance Reviewer:	Salary Access? • Yes N	Finance Reviewer	Salary Access? • Yes No
Program Reviewer:	Salary Access? Yes No	* List any additio	nal roles in a separate e-mail.
Workday Cost Center Na	ame and Number:		
Proposed Driver Workta			
to this driver, please indicate ap L307029 = the letter L for Law	y Value is also required for mapping oppropriate account i.d. (for example, son, followed by 2-digit hospital		
number and 4-digit Lawson Co Purpose:	est Center).		
Describe the intended use of thi Include source(s) of funds and v [specify restrictions to gifts (fac	whether received or anticipated		
Include source(s) of funds and v [specify restrictions to gifts (face	whether received or anticipated		
Include source(s) of funds and very specify restrictions to gifts (factorized for the source) signatures:  Output  Description:  Out	whether received or anticipated	Dean/Dept. Chairman	
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Include source(s) of funds and v [specify restrictions to gifts (face EQUIRED SIGNATURES: est Center Manager: the:  Indiget Director/Finance Office the:  It is request must be submitted allor budget approval. Failure for Controller's ffice Use Only Fund: 1  If it is request must be submitted allors budget approval. Failure for Controller's ffice Use Only Fund: 1	Signature  Date:  Signature  Date:  with the following supporting document to include back-up will delay drive  0 20 21 30 35 40 41 50  Title:	Title:  Med Finance approval (if Med Name:  Title:  Intation as appropriate: copies of checks, r worktag set up.  Hierarchy:	Date: Signature Date: donor letters, relevant correspondence
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Date: From: