



DEPARTMENT: _____

OTHER

[illegible][illegible]

CREDIT DEPARTMENT APPROVAL (REQUIRED)

DEPT HEAD NAME (PRINT):

DEPT HEAD SIGNATURE:

DATE SIGNED:

- Supporting documentation must be included with this form
- Please include Document #s (i.e., Banner Invoice, PO #s)
- See Departmental Charge Authorization Procedures located on the Accounting Services Office website.
- Only fully completed and signed forms will be processed.
- Contact us at <DCA@rowan.edu>

OFFICER SIGNATURE: