| UNIVERSITY OF MINNESOTA DULUTH<br>CONTROLLER'S OFFICE FORM 259 - REV 2/2011 | **CONTINGENT FUND**<br>CHECK AUTHORIZATION | CHECK<br>DATE | # |
|---|---|---|---|

**Department Complete:**

Date

| Payee Name | $ |
|---|---|

**Payee Address**

| | |
|---|---|
| Street Address | Building Name/Room # |

| | | |
|---|---|---|
| City | State | ZIP |

**Reason for Request**

| Fund | Deptid | Program | Account | Project | CF1 | CF2 | Emplid |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| Prepared By | Phone # | Dept Deposit # (if nec) |
|---|---|---|

Department Authorized Signature

**Business Office Approval - Authorized Signature**