RESET FORM

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BANK TRANSFER NEEDED
FROM _____ TO _____

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REF#
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IF THIS SECTION IS COMPLETE, SEND TO STUDENT FINANCIAL SERVICES BEFORE PROCESSING

# AUBURN UNIVERSITY

**JOURNAL ENTRY FORM**

321 Ingram Hall
Auburn University, AL 36849-5161

JOURNAL NUMBER: _____

DATE PROCESSED: _____

SHADED AREAS FOR USE BY BUSINESS OFFICE ONLY!

| DEBIT | | | | Journa | BCO | | | CREDIT | | | | BK TR |
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Explanation: AMOUNT TOTAL: 0.00

Prepared by: _____

Date: _____

Approved By: _____

Date: _____

BO 90-02 (Rev. 3/06-B)