# Bowie State University
# Controller's Office
# Rstars Payment Form

Please provide the following information from the State Agency to pay through Rstars:

Agency: _____
PCA: _____
TC Code: _____
Comp Obj: _____
Amount: _____
Contact Person: _____
Phone Number: _____
Email: _____

Please provide the following information for the PeopleSoft department to be charge:

Program: ____
Dept: _____
Account: _____
Class: __
Amount: _____
Project: _____

Please attach invoice and/or other supporting documentation.

Date: _____
Signature: _____

If you are using fund 43 please obtain the compliance officer signature.

Date: _____
Compliance Officer Signature: _____

Date: _____
Grants Accounting Manager Signature: _____