TO THE DIRECTORATE OF REVOLVING CAPITAL REACH

 Our University ………………… (Faculty/School/Vocational School/Directorate) of the Expenditure Officer of the Revolving Fund Management is given below,

 I submit it to your information

**Expenditure Officer Information:**

**Name Surname :**

**Title :**

**TR Identity Number:**

**e- mail:**

**EXERCISE SIGNATURE** **EXERCISE SIGNATURE** **EXERCISE SIGNATURE**