ISU - Interdepartmental Invoice

Date Prepared

1- Department Supplying Goods/Services Contact Information

Department Name	Contact	Phone #

2- Funds to be debited

Accounting Debit Information

	Department Receiving Goods/Services	Date of Service	Index	Debit Account (Expense)	Activity Code	Description/Invoice #	Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
						Total Debits (must equal Total Credits)	$0.00

3- Funds to be credited

Accounting Credit Information

	Department Receiving Revenue	Credit Account (Revenue)	Index	Activity Code	Amount
1		8991			
2		8991			
3		8991			
4		8991			
5		8991			
6		8991			
7		8991			
8		8991			
9		8991			
10		8991			
				Total Credits (must equal Total Debits)	$0.00

4- Signature of Department Authorizing Expenditure

Name	Phone #	Date

UBO Signature:

Hash Total 0.00

Complete form and submit with supporting documentation to Accounts Payable -Stop 8219 or Fax 282-4725. Retain Copy for your Records.