

# 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) | Description/Invoice # | Amount |
|----|-------------------------------------|-----------------|-------|-------------------------|-----------------------|--------|
| 1  |                                     |                 |       |                         |                       |        |
| 2  |                                     |                 |       |                         |                       |        |
| 3  |                                     |                 |       |                         |                       |        |
| 4  |                                     |                 |       |                         |                       |        |
| 5  |                                     |                 |       |                         |                       |        |
| 6  |                                     |                 |       |                         |                       |        |
| 7  |                                     |                 |       |                         |                       |        |
| 8  |                                     |                 |       |                         |                       |        |
| 9  |                                     |                 |       |                         |                       |        |
| 10 |                                     |                 |       |                         |                       |        |

Total Debits (must equal Total Credits)

3- Funds to be credited

### Accounting Credit Information

|    | Department Receiving Revenue | Credit Account (Revenue) | Index | 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)

4- Signature of Department Authorizing Expenditure

Name

Phone #

Date

For Accounts Payable Use Only

Entered By:

Date Entered:

Hash Total

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