

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)

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

UBO Signature:

Hash Total

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