BANFIN-59 (Rev.2/14)

## The University of North Carolina at Greensboro Office of Accounting Services

## INTERDEPARTMENTAL INVOICE

INIVIOLOE NO	
INVOICE NO.	

Check One:   ENCUMBRANCE  FACILITIES OPERATIONS  PARTIAL BILLING  FINAL BILLING								
From:	Department/School	Campus Ph	ione C	Departmental Approval				
-	Prepared by (Print Name	·) [	Date -	Authorized By (Signature)			Date	
Campus	Mailing Address:							
For Work Information Service/Repair Requests, check here and enter email address if you would like notifications regarding the work request status:@uncg.edu								
	DETAILED DESCRIPTION OF WORK REQUESTED CHARGES							
	Building Name Building #			Room # (s)				
,								
тот	TAL CHARGE (will be co	mpleted by Fac	cilities Operati	ions upor	n completion of v	vork request)		
FGAEN	СВ	Chadad Are	ENCUMBRA		Usa Only			
	Encumbrance No.:	Shaded Areas for Accounting Services L  Title:		Total:	Trans Date:	Date Est:		
E								
PPO	nent Ref#: Journal Type: E100	Proj Code:	G Index/I	Fund	Account			
PPU	Liou		<u> </u>					
FGAJV			COUNTING INF	FORMAT				
	Transaction Date:	Do	ocument #:		Journal Type: JE16	Documen	nt Hash Total:	
COA	Credit Index/Fund	Account	Amount	D/C	Descrip	otion	Date Billed:	
G	<u> </u>		<u> </u>	С				
	<del>                                     </del>		<u> </u>					
COA	Debit Index Fund	Account	Amount	D/C	Descrip	otion		
G				D				