

INTERDEPARTMENTAL INVOICE

INVOICE NO. AR

Request/Approval for Goods/Services
UNIVERSITY FOOD SERVICE

From: _____
 Department/School Campus Phone

 Prepared by Date

Departmental Approval	
_____	_____
Authorized By	Date

Description	
WHO:	
WHAT:	
WHEN:	
WHERE:	
WHY:	
9J9BH _____	
TOTAL	

Accounting Information					
Shaded Areas for Accounting Services Use Only					
Vendor #:8	Address Code/Seq:	Invoice Date:	Transaction Date:	Due Date:	Bank Code:
8 8 1 8 4 1 2 7 8					
Vendor Invoice:	Document:	Commodity/Description	Document Total:		
AR					
COA	Index/Fund Number	Account	Amount		
G		2 2 1 1 4 0		<input type="checkbox"/> NSF <input type="checkbox"/> Complete	
		2 2 1 1 4 0			
↓		2 2 1 1 4 0			

SPECIAL INSTRUCTIONS
