**INTERDEPARTMENTAL INVOICE**

**Request/Approval for Goods/Services**

**UNIVERSITY FOOD SERVICE**

From:

**Department/School**  
**Campus Phone**

Prepared by  
**Date**

---

### Description

**WHO:**

**WHAT:**

**WHEN:**

**WHERE:**

**WHY:**

**EVENT #**  
**TOTAL**

---

### Accounting Information

**Vendor #:**

8 8 1 8 4 1 2 7 8

**Address Code/Seq:**  
**Invoice Date:**  
**Transaction Date:**  
**Due Date:**  
**Bank Code:**

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**Vendor Invoice:**  
**Document:**  
**Commodity/Description:**  
**Document Total:**

**AR**

**COA**  
**Index/Fund Number**  
**Account**  
**Amount**  

- G  
  2 2 1 1 4 0  
-  
  2 2 1 1 4 0  
-  
  2 2 1 1 4 0

**SPECIAL INSTRUCTIONS**

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