

INTERDEPARTMENTAL INVOICE

INVOICE NO.

FACILITIES OPERATIONS

Check One: ENCUMBRANCE PARTIAL BILLING FINAL BILLING

From: _____
Department/School Campus Phone

Departmental Approval	
Authorized By (Signature) _____	Date _____

Prepared by (Print Name) _____ 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)	
TOTAL CHARGE (will be completed by Facilities Operations upon completion of work request)			

FGAENCB ENCUMBRANCE							
Shaded Areas for Accounting Services Use Only							
Encumbrance No.:		Title:			Total:	Trans Date:	Date Est:
E							
Document Ref#:	Journal Type:	Proj Code:	COA	Index/Fund	Account		
PPO	E100		G				

FGAJVCQ ACCOUNTING INFORMATION							
Transaction Date:		Document #:		Journal Type:	Document Hash Total:		
				JE16			
COA	Credit Index/Fund	Account	Amount	D/C	Description	Date Billed:	
G				C			
↓				↓			
↓				↓			
COA	Debit Index Fund	Account	Amount	D/C	Description		
G				D			
↓				↓			
↓				↓			