

INTERDEPARTMENTAL INVOICE

INVOICE NO.
BKS

**Forward First 3 Copies
Intact to To:**

**Request/Approval for Goods/Services
UNIVERSITY BOOKSTORE**

From: _____
Department/School Campus Phone

Prepared by _____ Date _____

Departmental Approval

Authorized By _____ Date _____

Item No.	Description	Quantity	Unit of Measure	Unit Price	Extended Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
				TOTAL	

FAAINVE **Accounting Information**
Shaded Areas for Accounting Services Use Only

Vendor #:	Address Code/Seq:	Invoice Date:	Transaction Date:	Due Date:	Bank Code:
960072729					

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

COA	Index/Fund Number	Account	Amount
G			
↓			
↓			

NSF
 Complete

SPECIAL INSTRUCTIONS
