

**INTERDEPARTMENTAL INVOICE**

INVOICE NO. <b>AR</b>
--------------------------

Request/Approval for Goods/Services  
**UNIVERSITY FOOD SERVICE**

From: \_\_\_\_\_  
 Department/School                      Campus Phone

\_\_\_\_\_  
 Prepared by                                      Date

<b>Departmental Approval</b>	
_____	_____
Authorized By	Date

Description	
<b>WHO:</b>	
<b>WHAT:</b>	
<b>WHEN:</b>	
<b>WHERE:</b>	
<b>WHY:</b>	
<b>9J9BH</b> _____	
<b>TOTAL</b>	

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

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_

\_\_\_\_\_