

**INTERDEPARTMENTAL INVOICE**

INVOICE NO.
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**FACILITIES OPERATIONS**

Check One:  ENCUMBRANCE       PARTIAL BILLING       FINAL BILLING

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

Prepared by (Print Name) \_\_\_\_\_ Date \_\_\_\_\_

<b>Departmental Approval</b>	
Authorized By (Signature) _____	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)	
<b>TOTAL CHARGE (will be completed by Facilities Operations upon completion of work request)</b>			

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

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