

INTERDEPARTMENTAL INVOICE

INVOICE NO.
BKS

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

Request/Approval for Goods/Services
UNIVERSITY BOOKSTORE

From: _____
Department/School Campus Phone

Departmental Approval	
_____	_____
Authorized By	Date

Prepared by _____ Date _____

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

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
