

INTERDEPARTMENTAL INVOICE

INVOICE NO. PPO

Forward First 3 Copies Intact to To:

Request/Approval for Goods/Services
PHYSICAL PLANT

Check One: ENCUMBRANCE PARTIAL BILLING FINAL BILLING

From: _____
Department/School Campus Phone

Prepared by _____ Date _____

Departmental Approval

Authorized By Date

DETAILED DESCRIPTION OF WORK REQUESTING, INCLUDING BUILDING NAME & ROOM NUMBER OR AREA:	CHARGES
TOTAL CHARGES (For Billing Purpose Only):	

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				

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			
↓				↓			