(Mark in RED)	
Original	
Department Copy (Retain for File)	

INTERDEPARTMENTAL INVOICE

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

(FOR CAMPUS USE ONLY)

Date: _____

CHARGE: _____ DEPARTMENT NAME

_____ BOX _____ PHONE NUMBER

CREDIT: _____ DEPARTMENT NAME

_____ BOX _____ PHONE NUMBER

QUANTITY	DESCRIPTION OF GOODS OR SERVICES, INCLUDING DATES OF SERVICE	UNIT PRICE	AMOUNT
		TOTAL →	

SPA APPROVAL, IF REQUIRED _____ SIGNATURE _____ DATE

PROVOST APPROVAL, IF REQUIRED _____ SIGNATURE _____ DATE

ACCOUNTING INFORMATION	ACCOUNT	FUND	DEPTID	PROGRAM	PROJECT/GRANT	AMOUNT
BUDGET STRINGS TO CHARGE FOR SERVICES OR MATERIALS RECEIVED						
AUTHORIZED DEPARTMENT SIGNATURE DATE						
BUDGET STRINGS TO CREDIT FOR SALES OF SERVICES OR MATERIALS						
AUTHORIZED DEPARTMENT SIGNATURE DATE						

JOURNAL NUMBER: _____

JOURNAL DATE: _____

Signed original - Controller's Office, Box 5143