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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
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
		TOTAL →	$ 0.00

ORA 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: _____

AVP for Finance IF REQUIRED _____ (SIGNATURE) _____ (DATE)

OFPA IF REQUIRED _____ (SIGNATURE) _____ (DATE)

Signed original - Controller's Office, Box 5143

GEN002 (Revised 7/15/2015)