

JV # _____

INTER/INTRA DEPARTMENTAL CHARGE FORM

Date: _____

Department Being Charged: _____
Dept Name Fund (5 digits) Acct (4 digits)

Department Being Credited: _____
Dept Name Fund (5 digits) Acct (4 digits)

Amount: _____

Explanation of Charges: _____

Signature of Responsible Person (Department Being Charged) _____

Signature of Responsible Person (Department Being Credited) _____

Return this completed form to the Business Office