

Ordering Department

NAME OF ORDERING DEPARTMENT _____

ORDER DATE _____

CONTACT PERSON / PHONE _____

DELIVER TO: ROOM NO. BUILDING CAMPUS

AUTHORIZED SIGNATURE

By signing above, I CERTIFY that the following statement is true:
 "If a fund 30/31 is used, I certify that all expenses are appropriate
 to be charged to the sponsored project(s) receiving the charge,
 that they meet the direct cost criteria, and that they are within the
 allowable timeframe."

**INTERDEPARTMENTAL
INVOICE**

Please type or print. Use only black or blue ink.

CAMPUS BOX NUMBER (ORDERING DEPARTMENT)

IN No# 0093001

Service Dept

NAME OF SERVICE DEPARTMENT CAMPUS BOX NUMBER ORDER RECEIVED BY DATE

ORDER COMPLETED BY DATE



University of Colorado

Completed by Service Department

QUANTITY STOCK NO DESCRIPTION

Unit Price Amount

| QUANTITY | STOCK NO | DESCRIPTION | Unit Price | Amount |
|----------|----------|-------------|------------|--------|
| ① | | | | |
| ② | | | | |
| ③ | | | | |
| ④ | | | | |

DESCRIPTION FOR STATEMENT (Please Print)

TOTAL**Billing Information:**

Selling department must verify that all debit and credit dollars balance. See back of form for additional information.

| Ordering Dept. | Speed Type | Account Code | Fund | Organization | Program | Sub-Class | Project/Grant | Debit/ Credit | Amount |
|----------------|------------|--------------|------|--------------|---------|-----------|---------------|------------------|--------|
| | | | | | | | | | |
| | | | | | | | | DR | . |
| | | | | | | | | DR | . |
| | | | | | | | | CR | . |