



TRANSFER PAYMENT REQUEST

This form may be used for University Accounts Only

The department providing service should send the completed form with all the appropriate accounts and signatures to:

HOSPITALITY, ADM 350 OR

FISCAL AFFAIRS ACCOUNTS RECEIVABLE, ADM 358C

CHARGING DEPARTMENT (to be filled by department providing service)

Department Name _____

Recharge Fields

ACCOUNT FUND DEPT ID PROGRAM CLASS PROJECT

* 570xxx					
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* to be filled by accounting

INVOICE (to be filled by department providing service)

Invoice No. _____

Event Date _____

Amount _____

PAYING DEPARTMENT (to be filled by department receiving service)

Type of Request

- Facility Usage
- Property Rental
- Other _____
- Catering Service* (must fill Hospitality Section)

HOSPITALITY SECTION*

Type of Event _____

Business Purpose _____

Number of Participants _____

note: attach list of names, titles and affiliation if the group is 25 or less participants

Host _____

Hospitality Approval _____

Invoice total to be charged to one chartfield string, complete below

ACCOUNT FUND DEPT ID PROGRAM CLASS PROJECT

* 670xxx					
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* to be filled by accounting

AMOUNT

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Invoice total to be charged to more than one chartfield string, complete below

ACCOUNT FUND DEPT ID PROGRAM CLASS PROJECT

670xxx					
670xxx					
670xxx					
670xxx					

AMOUNT

TOTAL \$ _____

DEPARTMENT APPROVAL (from department receiving service)

I certify that this is a true statement of entertainment/meeting expenses incurred for University business in accordance with University policy and that the above expenses are appropriate and allowable charges.

I authorize this transfer payment from the above account(s). I have signature authority for the listed chartfields.

Department _____

Date _____

Requested By _____

Extension _____

Approved by _____

Signature _____

please print name

For ORSP Approval

ORSP Approver _____

Title _____

Signature _____

Date _____

*Catering Services must be approved by Hospitality first. Hospitality will forward to Accounts Receivable