

Interdepartmental Invoice

Date: _____

Reference #: _____

Department: _____ (Rendering service or furnished material)

Department: _____ (Receiving service or material)

Deliver to: _____ Building/Room Number: _____

Quantity	Description	Unit	Amount
Total			

Debit Account:	Amount		Credit Account:	Amount
Receiving Service			Rendering Service	

 Head of Department

 Dean or Director

 Head of Department

 Dean or Director