

**Interdepartmental Invoice**

*\*\*Use this form to bill another department for products or services provided by your department. Be sure to send a copy of this invoice to the department being billed and the Controller's Office. Also, provide any appropriate documentation to support each billing\*\**

**BILL TO:**

Department: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone Ext: \_\_\_\_\_

Bill to Account: \_\_\_\_\_  
(Index or FOAPAL)

**PAY TO:**

Department: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone Ext: \_\_\_\_\_

Pay to Account: \_\_\_\_\_  
(Index or FOAPAL)

**Event / Billing Notes:**

---



---



---

Description (limit to 34 characters)	Quantity	Unit Price	Amount
<b>Total:</b>			

Initiator Signature: \_\_\_\_\_