

Interdepartmental Transfer Request

Research Extension TVMDL

Requested by: _____ Dept: _____ LaserFiche Ref: _____
 Email: _____ (4 letter Dept code) (CC-DEPT IDT XXXXX)

Date: _____ Description: _____
 Ref 3: _____ Ref 4: _____

Selling			Buying				Invoice/	
Account	S Acct	Rev Code	Dpt Code	Account	S Acct	Exp Code	Dept Ref <i>(7 char)</i>	Amount
Selling Departmental Approval:							Total	

Fiscal use only below

Entered by: _____	Date: _____
Reviewed by: _____	Date: _____
Laserfiche: _____	Date: _____