UNIVERSITY of LOUISIANA LAFAYETTE

Clear Form

INTERDEPARTMENTAL CHARGES

REQUESTER CONTACT INFORMATION

Date of Request _____ Requestor Name _____ ULID _____

DEPARTMENT TO BE CHARGED

Department Name _____

Fund _____ Org _____ Acct _____ Prog _____ Actv _____ Amount _____

DEPARTMENT TO BE CREDITED

Department Name _____

Fund _____ Org _____ Acct _____ Prog _____ Actv _____ Amount _____

ITEM NO	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT

PURPOSE OF CHARGE

APPROVALS

_____ _____

Department Head (Department Charged) Date

_____ _____

Department Head (Department Credited) Date