

Date: _____

ACTIVITY & SERVICE FEE BUSINESS OFFICE

Interdepartmental Transfer

Request Form

Requestor: _____

IDT #: _____

Department to be charged --- **DEBIT**

Account #: _____ Department #: _____ Amount: _____

CRT #: _____ SB #: _____ P.O. # _____

Conference: _____ Location: _____ Dates: _____

Notes: _____

Department to be credited --- **(CREDIT)**

Account #: _____ Department #: _____ Amount: _____

P.O. #: _____

Notes: _____

Enter into database as necessary. Attach documentation.