



Fiscal Year: _____

Date: _____

INTER-ACCOUNT

DO NOT USE UNIVERSITY ACCOUNT NUMBERS

CHARGE the expense to: (decrease funds)

Department: _____ College Heights Foundation Acct #: _____

I certify the items below were received and inspected by me; the quantities were as stated; and the conditions were satisfactory except as otherwise stated.

Account Administrator's Signature: _____ Date: _____

CREDIT the income to: (increase funds)

Department: _____ College Heights Foundation Acct #: _____

I certify the items listed above were furnished to the department indicated and the prices charged are proper.

Account Administrator's Signature: _____ Date: _____

<u>Quantity</u>	<u>Unit</u>	<u>Description</u>	<u>Unit Price</u>	<u>Amount</u>
			Total Amount	

*Please make sure all signatures are complete before forwarding to the College Heights Foundation.
Please retain a copy for your records.*