



THOMPSON RIVERS UNIVERSITY

INTERDEPARTMENTAL INVOICE

Date: _____ Date Required by: _____

Requisitioning Department: _____ Requested by: _____

Goods / Services Requested From: _____ Deliver to Room: _____

Do Not Write in Shaded Areas

QTY.	Unit of Issue	Stores Code #	Description of Goods / Services Required	Each	Total
Total					

Requisitioning Department

Authorized Signatory

Fund	Org	Account	Program	Activity	Debit Amount
					\$
					\$
					\$
					\$

Supplying Department

Authorized Signatory

Fund	Org	Account	Program	Activity	Credit Amount
					\$
					\$
					\$
					\$