|  |  |
| --- | --- |
|  |  |
| **DIRECT CHARGE OF INTERNAL SERVICES**  **OTHER THAN FLEET, GARAGE, UNIVERSITY RELATIONS MEDIA BILLING, PARKING, UNION/DINING SVCS, UNIVERSITY SAFETY AND ASSURANCES, UNIVERSITY POLICE DEPARTMENT, PRINTING SERVICES** | |

|  |  |  |  |
| --- | --- | --- | --- |
| The |  | | has agreed to assume |
|  | University Department | |  |
|  | | | |
| Financial responsibility for the purchase of the following goods and/or services: | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| The Service Providing Department is: | |  | |

The method of payment will be: **(Supplies & Expense Account Codes Only)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Direct charge |  | |  |  |  |  |  |  | |
|  |  | Acct | | Fund | Org | Program | Subclass | Budget Yr | Project/Grant | |
|  | Foundation check | |  | | | | | | |
|  |  | |  | | | | | | |
|  | Other, Please specify | |  | | | | | | | |

The undersigned agrees to meet all the financial obligations incurred for the above purchase of goods and/or services. The University Department shall accept full responsibility for these financial obligations. This form should be signed by an individual with authorized signature authority. If name and title are not readable, the form will be returned.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 20 |  |  |  |
| Date |  |  |  | Please ***Print*** Your Name |
| Send invoice to: |  |  |  |  |
|  |  |  |  | Please ***Print*** Your Title |
|  |  |  |  |  |
|  |
|  |  |  |  | Signature of Dean, Director, Department  Chairman, UBR or Other Authorized Signature. |
|  |

Billing Department Use Only: **(REVENUE ACCT CODES ONLY)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Credit Coding | |  |  |  |  |  | |  | |  |
|  | | Acct | Fund | Org | Program | Subclass | | Budget Yr | | Project/Grant |
|  | |  |  |  |  |  | |  | |  |
| Reference |  | | | | | | Amount | |  | |

*Reference field can be used by the Service-Providing Department to indicate the provider's name and month of billing. The field is 30 characters long and will appear as the description on WISDM.*

**Return completed form to divisional central office for processing.**