

**DIRECT CHARGE OF INTERNAL SERVICES
OTHER THAN FLEET, GARAGE, I&MT, PARKING OR UNION/DINING SVCS**

The _____ Has agreed to assume
University Department

Financial responsibility for the purchase of the following goods and/or services:

The Service Providing Department is: Edith S. Hefter Conference Center

The method of payment will be:

<input checked="" type="checkbox"/> Direct charge							
	Acct	Fund	Org	Program	Subclass	Bud Yr	Proj/Grant
<input type="checkbox"/>							
<input type="checkbox"/>							

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 can be signed by any of the individuals below. If name and title are not readable, the form will be returned.

_____ 20 17

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:

Credit Coding	9400	136	900215	6		17	
	Acct	Fund	Org	Program	Subclass	Bud Yr	Proj/Grant

Reference	CSH-	Amount	
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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.

An original copy of this form must be submitted to the SCE Conference Services Office at least fourteen (14) days in advance of the event date. Scanned or faxed copies are not acceptable.