

# Southeast Missouri State University

## Interdepartmental Expense Transfer Form

Send completed form to Accounting Services, MS 3200

<b>Document #</b> _____ <small>** assigned by Accounting Services **</small>
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Date: \_\_\_\_\_

Description	Amount
<b>Total Amount</b>	

**CREDIT:**

Index (Fund/Org) Title: \_\_\_\_\_

Chart	Index	<i>or</i>	Fund	/	Organization	Account
_____	_____		_____		_____	_____

**CHARGE:**

Index (Fund/Org) Title: \_\_\_\_\_

Chart	Index	<i>or</i>	Fund	/	Organization	Account
_____	_____		_____		_____	_____

Authorized by: \_\_\_\_\_