



Departmental Charge Authorization

DATE: _____ CONTACT NAME: _____

DEPARTMENT: _____

DESCRIPTION (CHECK ONE)

BARNES & NOBLE

CENTRAL STORES

OTHER

DESCRIPTION	AMOUNT
TOTAL:	

DEBIT DEPARTMENT (CHARGE TO)					CREDIT DEPARTMENT				
Fund	Org	Account	Prog	Amount	Fund	Org	Account	Prog	Amount

DEBIT DEPARTMENT APPROVAL (REQUIRED)

CREDIT DEPARTMENT APPROVAL (REQUIRED)

DEPT HEAD NAME (PRINT): _____

DEPT HEAD NAME (PRINT): _____

DEPT HEAD SIGNATURE: _____

DEPT HEAD SIGNATURE: _____

DATE RECEIVED (IF APPLICABLE): _____

DATE RECEIVED: _____

BUDGET OFFICER APPROVAL:

- Supporting documentation is required with this form.
- See Departmental Charge Authorization Procedures located at DCA Procedures on the Accounting Services Office website.
- Only fully completed and signed forms will be processed.