

## **Departmental Charge Authorization**

DATE:	TE: CONTACT NAME & PHONE:									
[	BARN	ES & NOBI			N (CHECK ENTRAL ST			OTHER		
DESCRIPTION (WHO, WHAT, WHEN, WHERE, WHY)								A	AMOUNT	
							TOTA	L:		
DEBIT DE	EPARTMEN	VT (AUTHORIZI	E REIMBUR	SEMENT)	CREDIT	FPARTMI	ENT (ACKNOW	I FDCF RFI	IMBURSEMENT)	
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DEPT HEAD NAME (PRINT):					DEPT HEAD NAME (PRINT):					
DEPT HEAD SIGNATURE:					DEPT HEAD SIGNATURE:					
DATE SIGN	IED:				DATE SIGN	ED:				
BUDGET OF	R GRANT AP	PROVAL, IF A	PPLICAB		upporting docu					
OFFICER NAME (PRINT):					Please include Document #s (i.e., Banner Invoice, PO #s) See Departmental Charge Authorization Procedures located on the Accounting Services Office website. Only fully completed and signed forms will be processed.					
OFFICER S	IGNATURE	:			Contact us at < <b>D</b>			. se process		