THOMPSON RIVERS UNIVERSITY

Interdepartmental Invoice

Date: _____   Date Required by:_____

Requisitioning
Department: _____   Requested by: _____

Goods / Services
Requested From: _____   Deliver to Room: _____

Do Not Write in Shaded Areas

QTY.	Unit of Issue	Stores Code #	Description of Goods / Services Required	Each	Total
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				Total	

Requisitioning Department

_____
Authorized Signatory

Fund		Org		Account		Program		Activity		Debit Amount
	-		-		-		-		-	$
										$
										$
										$

Supplying Department

_____
Authorized Signatory

Fund		Org		Account		Program		Activity		Credit Amount
	-		-		-		-		-	$
										$
										$
										$