

THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY

INTER-DEPARTMENTAL TRANSFER VOUCHER

Date Vouchered:		Departmental Reference Number *:	
Project/Cost Center to Pay Charge:			
Project/Cost Center to Receive Credit:		Revenue Account No.:	
$\begin{tabular}{ll} * (Optional) Assign a unique 4-digit reference number \\ \hline \end{tabular}$	to assist you	r department in identifying this document	
DESCRIPTION OF SERVICE	HARGE RATE	AMOUNT	
		TOTAL	
I certify that the above charges are true, correct and unpaid.		APPROVAL OF CHARGES: I Certify that the above services were rendered, or g correspond in every particular with the contract und that the invoice is true and unpaid	oods received; and that they er which they were procured and
Supplier Signature:		User Signature:	
Print Name:	Date	Print Name:	Date
Project Manager/ Alternate Approver Signature:		Project Manager/ Alternate Approver Signature:	
Print Name:	Date	Print Name:	Date

Approving departments should keep their own copy as they make their approval. Additional copies will not be distributed by accounting.