



Send to General Accounting
MSN: 4B2; Tel: 3-2637;
Fax -2920

Journal Voucher for Expenditure Recovery for Services Rendered

Instructions: Use this form for internal "sales" between "State" funds/orgs or between "Local" funds/orgs. Send a check request to Accounts Payable for transactions that cross between State and Local funds/orgs.

Fund/Org and Account Code to be Charged (Office Being Billed)

Fund/Org: _____ Reference (optional): _____

Account
(five digits): _____

Amount: _____ Hash total (double the amount): _____

Description (maximum
of 35 characters): _____

Fund/Org and Account Code to be Credited (Billing Office)

Fund/Org: _____

Account
(five digits): _____

Explanation (description of services rendered): _____

Certification: An invoice has been sent to the office being billed.

Requester (Billing Office):

Printed Name: _____ Signature: _____

Telephone: _____ Email: _____

Department: _____ MSN: _____

General Accounting Office Use Only

Approval

JV Type: _____ Initials: _____ Date: _____

Data Entry

Initials: _____ Initials: _____ Date: _____