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: _________________

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