

**DIRECT CHARGE OF INTERNAL SERVICES
OTHER THAN GARAGE, I&MT, PARKING OR UNION/DINING SVCS**

The _____ Has agreed to assume
University Department

Financial responsibility for the purchase of the following goods and/or services:

The Service Providing Department is: _____

The method of payment will be:

Direct charge

Acct	Fund	Org	Program	Subclass	Bud Yr	Proj/Grant
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Foundation check

Other, Please specify _____

The undersigned agrees to meet all the financial obligations incurred for the above purchase of goods and/or services. The University Department shall accept full responsibility for these financial obligations.

_____ 20_____
Date
Dean, Dept. Chairman, Unit Business
Manager or other authorized person
(please print name & title)

Send invoice to:

_____ Signature

Billing Department Use Only:

Credit Coding

Acct	Fund	Org	Program	Subclass	Bud Yr	Proj/Grant
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Reference Amount

Reference field can be used by the Service-Providing Department to indicate the provider's name and month of billing. The field is 30 characters long and will appear as the description on WISDM.