

**DIRECT CHARGE OF INTERNAL SERVICES
OTHER THAN FLEET, 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	

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. This form can be signed by any of the individuals below. If name and title are not readable, the form will be returned.

_____ 20____

Date _____ Please **Print** Your Name

Send invoice to: _____

_____ Please **Print** Your Title

_____ Signature of Dean, Director, Department
Chairman, UBR or Other Authorized
Signature.

Billing Department Use Only:

Credit Coding

Acct	Fund	Org	Program	Subclass	Bud Yr	Proj/Grant	

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.