



The University of Georgia

Accounting

Intra-University Payment - Invoice Required

Department _____ Date _____

CREDIT the following accounts

Account Name	Account Number	Object	Amount
Total			

Debit and Credit Description _____
To be completed by the Accounting Office

DEBIT the following accounts

Account Name	Account Number	Object	Amount
Total			

Services Rendered _____

Date(s) Service(s) Rendered _____

Invoice Number _____

Submitted By _____ Phone Number _____

Approved By _____ Date _____

Contracts and Grants Department Approval _____