

Murray State University
Accounting & Financial Services

TRV _____
Batch Ref _____
TC=065 SCR 014
<i>for accounting use only</i>

Date: _____
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Inter-Account Bill

	Debit	Credit	
	INCREASE EXPENDITURES <u>DECREASE REVENUES</u>	DECREASE EXPENDITURES <u>INCREASE REVENUES</u>	Amount
Account Number: _____	_____	_____	_____
Account Name: _____	_____	_____	_____
Account Number: _____	_____	_____	_____
Account Name: _____	_____	_____	_____
Account Number: _____	_____	_____	_____
Account Name: _____	_____	_____	_____
Account Number: _____	_____	_____	_____
Account Name: _____	_____	_____	_____
Account Number: _____	_____	_____	_____
Account Name: _____	_____	_____	_____

Salaries and Wages may not be transferred with this form.

Purpose of Transaction:

Authorized Signature (for debit account) Date

Authorized Signature (for credit account) Date

Approved Accounting & Finance Date

Please include the following information with this Inter-Account Bill:

To Reimburse or Transfer Paid Expenses, include 1) Reference to the paid transaction such as MPS273, AJE 525, D513216, TA01125, etc; 2) Description and copy of the original transaction such as a Purchasing Card receipt, payment document, etc: 3) Date of original transaction, and 4) Amount being transferred.

For Inter-Campus Charges for Goods or Services, include 1) Invoice, workorder, or other documents showing the description of the goods/services, and 2) Date of the inter-campus transaction.

To move expense to the Correct Sub-Code within the same account, include 1) Reference to the paid transaction, and 2) posting date of the original entry.

**Retain copies of this completed form for departmental records and verify processing via e-Print or GLIN.
For questions, call 4173.**