

Date

Prepared	Required

South Carolina State University

REQUEST

Intra Department Transfer

VENDOR NUMBER _____

FROM:			TO:		
Address			Requesting Department		
City, State, Zip			Building/Room Number		
Department	Object	Amount	Department	Object	Amount
SERVICING DEPARTMENT ACCOUNT NUMBER			REQUESTING DEPARTMENT ACCOUNT NUMBER		
Quantity	BE EXPLICIT-Description of Items/Services/ Special Instructions Use: Model No./Part No./Dimensions/Size/Color/ Packaging/Etc.	Unit Price	Amount	Action	
			ESTIMATED TOTAL		
			TOTAL (Not for use by Requester)		
AUTHORIZED SIGNATURES					
Requested by			Receipt Certification- I certify that items/services circled above have been received, are satisfactory and I hold myself accountable therefore.		
_____ Printed Name					
_____ Signature					
_____ Phone Number					
Approved by Authorized Fund Administrator					
_____ CS/BS/SW/SC/EXEMPT#			Signature Requesting Department Support Representative/Department Head		
BUYER					

PURCHASE/SERVICE DEPARTMENT

White-Controller

Yellow-Requester
Revised 10/11/07(kdp)

Pink-Service Department