

INTERDEPARTMENTAL TRANSACTION REQUEST

If you have questions on completing this form, please contact your business office for assistance

Submitted by: _____

Date Submitted: _____

Transaction Type (IDS/IDJ): _____ (IDS = Sales, IDJ = Journals)

Reason for Request: _____

Customer Department Information

Customer Department: _____

Customer Dept ID (OUC): _____

Contact Person: _____

Phone: _____

Email: _____

Billing Department Information

Billing Department: _____

Billing Dept ID (OUC): _____

Contact Person: _____

Phone: _____

Email: _____

Charge To (Debit)

| Line | Project/Phase | Account | Amount | Description (WRS Reference or Journal ID) |
|------|---------------|---------|--------|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Make Payment To (Credit)

| Line | Project/Phase | Account | Amount | Description (WRS Reference or Journal ID) |
|------|---------------|---------|--------|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |