PURPOSE OF TRANSFER:

INTERDEPARTMENTAL FAB LAB SUPPLIES REIMBURSEMENT

ESTIMATED COST OF JOB: $ 

ACTUAL COST OF JOB (Transfer Amount): $ 

TRANSFER THE EXPENSE FROM (CREDIT):

Department: [Department Name]
Cost Center: 11103
Object Code: 70060

TRANSFER THE EXPENSE TO (DEBIT):

Department: [Department Name]
Cost Center: [Cost Center]
Object Code: 70060

APPROVALS

Department Head
Signature: [Signature]
Date: [Date]
Print Name, Title: [Print Name, Title]

Fab Lab
Signature: [Signature]
Date: [Date]
Print Name, Title: [Print Name, Title]

Dean
Signature: [Signature]
Date: [Date]
Print Name, Title: [Print Name, Title]

INSTRUCTIONS:

1. This form is to be used only for Interdepartmental Fab Lab Chargebacks.

2. This form and any supporting documentation should be forwarded by the Fab Lab to the Accounting Office, attn: General Accounting. The transfer will be processed as a journal entry and appear on both cost center’s Budget-to-Actual reports.