

Inter Departmental Charge Request Form						Transfer Jrnl ID#:		General Accounting Use Only	
General Accounting Oral Roberts University, 7777 S Lewis Ave, Tulsa, OK 74171						See Processing Instructions Below			
Prepared By:		Department Name:				Date of Request:		Fiscal Year:	
Phone #:		Email Address:						See Instructions	
Reason for Transfer:									
Receiving Department: (Charge)									
Fund	Org	Account	Program	Activity	Location		Amount - Enter as Positive (+) Amt	Description - REQUIRED FIELD (Limit to 30 Characters)	Reference
Total Debits:							\$0.00		
Provider Department:									
Fund	Org	Account	Program	Activity	Location		Amount - Enter as Negative (-) Amt	Description - REQUIRED FIELD (Limit to 30 Characters)	Reference
110000									
110000									
110000									
110000									
110000									
110000									
Total Credits:							\$0.00		
								Total Credits and Total Debits must be equal zero.	
Approvals Required:									
Requester				Date	Phone				
Dept. receiving service/goods (Dept. Manager)				Date	Phone				
General Accounting				Date	Phone				
Processing Instructions:									
Please e-mail completed form along with the invoice to General Accounting : bamrine@oru.edu									
Budget office approval is not required for Inter-Departmental Charges.									