

# San Francisco Community College District Interdepartment Work Order/Invoice

Work Order Date: \_\_\_\_\_

Inv# MR \_\_\_\_\_

To : \_\_\_\_\_

Dept: \_\_\_\_\_  
Performing Department

From : \_\_\_\_\_

Dept: \_\_\_\_\_  
Requesting Department

Phone : \_\_\_\_\_

*Please fill out form and attach necessary backup document. Performing Department needs to submit this form to Accounting Department, 33 Gough, for the transfer to occur, any request over 90 days will not be honored.*

**The following work or service is requested and completed:**

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**Expenditure Transfer:**

**DBO Use only**

**From (Requesting Department):**

Fund	Organization	Account	Program	Activity	Amount	D or C
Total:						

*I certify that all expenditures reported or payment requested are for appropriate purpose and in accordance with the provision of the application, award documents and City College guidance.*

\_\_\_\_\_  
Organization/Department

\_\_\_\_\_  
Approved by Dean/Director/Dept Head/Coordinator

**To (Performing Department):**

Fund	Organization	Account	Program	Activity	Amount	D or C
Total:						

\_\_\_\_\_  
Organization/Department

\_\_\_\_\_  
Approved by Dean/Director/Dept Head/Coordinator

Journal Type: _____	Entered By: _____
Date: _____	Approved by: _____