

FRANCIS MARION UNIVERSITY
Intra-Institutional Transfers

Date: _____
 Mo. Day Yr.

SERVICE DEPARTMENT

Account Name

Account Number

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REQUESTING DEPARTMENT

Account Name

Account Number

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Quantity & Unit	Description	Unit Price	Total Cost
Subtotal			
Tax			
Total			

Initiator: _____

After completing this form, make two copies and send to the following departments:
 Original: Accounting Copy 1: Requesting Dept. Copy 2: Service Dept.