

College of Southern Nevada Inter Departmental Voucher (IV/IX)

Document #: _____

Date Prepared: _____

Department Name: _____

Prepared By: _____

Telephone Number: _____ Mail Sort Code: _____

ACCOUNT RECEIVING REVENUES/TRANSFERRING EXPENSE OUT

Account Number				Expense Codes		Revenue Codes				
Fund	Agency	Orgn	Sub-Orgn	Objt	Sub-Objt	Rsrc	Sub-Rev	Job #	Description	Credit Amount

ACCOUNT CHARGED EXPENSE

Line #	Reference Transaction Number	Account Number				Expense Codes		Job #	Description	Debit Amount
		Fund	Agency	Orgn	Sub-Orgn	Objt	Sub-Objt			
01										
TOTAL DEBITS:										

Explanation:

Authorizing Signature

Date

Authorizing Signature

Date