The University of Maine			INTERDEPARTMENTAL ORDER							
Debit Department Information	Department Name: Address: Phone/Fax#: Auth. Signature:			Print	ted:			Date:		
This form is NOT to be used to transfer money/ expenses between departments/campuses.		Description of item purchased					Quantity	Price Each	Total	
Only accounts 65800 or 49209 are to be used as credit accounts: 65800 for fund codes 00 & 10 49209 for fund code 03										
	* = Required Fields	Amount	*Unit	*DeptID	*Account	Class	*Fund	Program	Project	
	Debit		UMS05							
	Credit		UMS05							
	Debit		UMS05							
	Credit		UMS05							
Total Amount of I.D.O.			Goods received by:							
Credit Department Information	Department Name: Address: Phone/Fax#: Auth. Signature:			Prin	ted Name:					

Please mail completed form to Budget & Business Services, 107 Alumni Hall or fax to 581-3340