

**Debit  
Department  
Information**

Department Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone/Fax#: \_\_\_\_\_  
 Auth. Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

This form is NOT to be used to transfer money/  
 expenses between departments/campuses.

**Description of item purchased**

**Quantity**

**Price Each**

**Total**

Poster Printing Lineal Footage

\$9.00

**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

5200101

65800

00

Debit

UMS05

Credit

UMS05

**Total Amount of I.D.O.**

**Goods received by:**

**Credit  
Department  
Information**

Department Name: Mark Austin  
 Address: 208 Nutting Hall  
 Phone/Fax#: 581-2854  
 Auth. Signature: \_\_\_\_\_ Printed Name: Mark Austin (copy to ELHfinance@maine.edu)

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