

**MONMOUTH UNIVERSITY**  
 West Long Branch, NJ 07764  
 Office of the Controller

**INTERDEPARTMENTAL CHARGES/OUTSIDE BILLING**

Invoice Number \_\_\_\_\_

Date \_\_\_\_\_

Interdepartmental Charge

Send Statement

1. Bill To: \_\_\_\_\_

Charges to be Distributed:		Amount
Description/Program	Date	
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		
11. Total Non Payroll		\$0.00
Payroll Summary see attached worksheet		
12. Total Payroll		
13. Fringe Benefits		
14. Total Payroll and Benefits		
15. Less Deposits Received (A/C _____ )		
16. Total Charges for Distribution: Line 11 + Line 14 - Line 15		\$0.00

Signatures of Approval  Same as Billed To Line#1:  X _____  Who is Receiving Credit  X _____	Account Distribution				
	Fund	Department	Obj Code	Debit	Credit
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Date Processed \_\_\_\_\_ Processor \_\_\_\_\_