



RICE UNIVERSITY
Interdepartmental Transfer

Date: _____

Document Total: _____

Doc No.: DT _____

SEQ	TYPE	FUND	ORG	ACCOUNT	PROG	ACTV	LOCN	PROJ	DEBIT	CREDIT	DESCRIPTION
1	X001										
2	X001										
3	X001										
4	X001										
5	X001										
6	X001										
7	X001										
8	X001										
9	X001										
10	X001										
11	X001										
12	X001										
13	X001										
14	X001										
15	X001										

Shaded area for cost sharing.

Total

Organization Charged

Organization Credited

Explanation:

Approved by & date

Approved by & Date

Send original to Controller's office MS70. Please keep a copy for your records.