

# INSTRUCTIONS

1. "**Charge To**" department should make a copy of the original, signed form for their files prior to forward to "**Pay To**" department.
2. "**Pay To**" department should copy the original signed form before forwarding to Financial Reporting.
3. If paid from a grant, the signed IDO must be approved by **Office of Research Services** prior to being sent to the receiving ("**Pay To**") department and Financial Reporting.

<b>Date</b>	The date of the request.
<b>Deliver To</b>	Department name and location to which goods/services should be delivered.
<b>Charge To</b>	Department or Project whose balance will be decreased by this transaction.
<b>Pay To</b>	Department or Project whose balance will be increased by this transaction.
<b>Contact Name</b>	Name of person to contact regarding IDT.
<b>Phone Number</b>	Phone number of person to contact regarding IDT.
<b>Business Unit</b>	<b>NT752</b> - UNT Denton, <b>SY769</b> - UNT System, <b>DL773</b> -UNT Dallas
<b>FOAPs String</b>	Use the crosswalk to make the determination of which fields will be required.
<b>Justification</b>	What is the business purpose for the transaction or benefit provided to the University dept/project?
<b>Item</b>	Sequentially numbered
<b>Description</b>	Goods or services being transferred.
<b>Quantity</b>	Number of items being purchased.
<b>Unit Price</b>	Price for one unit shown in quantity column.
<b>Org Department Manager</b>	Manager responsible for completing monthly Budget Certification (Manager Name in PeopleSoft)
<b>Office of Research Services</b>	
<b>Approval</b>	Official ORS approval stamp with date and initials.

# INTERDEPARTMENTAL TRANSACTION

UNT SYSTEM/UNT/UNT DALLAS  
DALLAS/DENTON, TEXAS

*Office of Research Services Approval*

*If funding is being transferred for a specific purpose, an IDT may be used. If funds are being transferred for a non-specific purpose, an ABA should be submitted to the Budget Office.*

DATE: \_\_\_\_\_

DELIVER TO: \_\_\_\_\_  
Department Name and Location to which goods/services should be delivered.

CHARGE TO: \_\_\_\_\_  
Name of Org Department or Project to be charged for goods or services listed below.

\_\_\_\_\_ Contact Name

\_\_\_\_\_ Phone Number

BUSINESS UNIT	ACCOUNT	ORG DEPT	FUND CAT	FUND	FUNCTION	SPEED TYPE	PROJ COST (PC) BUS UNIT	PROJ/ GRANT	ACTIVITY	PROGRAM	PURPOSE	SITE	AMOUNT (DEBIT)

PAY TO: \_\_\_\_\_  
Name of Org Department or Project to be charged for goods or services listed below.

\_\_\_\_\_ Contact Name

\_\_\_\_\_ Phone Number

BUSINESS UNIT	ACCOUNT	ORG DEPT	FUND CAT	FUND	FUNCTION	SPEED TYPE	PROJ COST (PC) BUS UNIT	PROJ/ GRANT	ACTIVITY	PROGRAM	PURPOSE	SITE	AMOUNT(CREDIT)

JUSTIFICATION/  
BUSINESS  
PURPOSE:

ITEM	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL

**TOTAL**

I certify that sufficient funds are on hand for the above merchandise.

\_\_\_\_\_  
Name of Org Department Manager

\_\_\_\_\_  
Signature of Org Department Manager (Must be Original)

\_\_\_\_\_  
Date