

**Debit
Department
Information**

Department _____
 Name: Address: _____
 Phone/Email: _____
 Auth. Signature: _____ Printed: _____ Date: _____

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

**Only accounts 65800 or 49209 are
 to be used as credit accounts:**

65800 for fund codes 00 & 10
 49209 for fund code 03

Description of item purchased	Quantity	Price Each	Total

* = 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/Email: _____
 Auth. Signature: _____ Printed Name: _____

Please email completed form to umbudget@maine.edu for processing.