# Inter-Departmental Billing Form

| | |
|---|---|
| **Date:** | |
| **Tracking #:**<br>**( if used)** | |

| | | |
|---|---|---|
| | | **Worktag:** |
| **Bill To:** | | |
| **Reimburse:** | | |

| **Item** | **Quantity** | **Description** | **Spend Category #** | **Unit Price** | **Total** |
|---|---|---|---|---|---|
| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
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| | | | | | **$ 0.00** |
| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
| | | | | **Total:** | $ 0.00 |

**Signature:**

**Budget Authority of Billed Worktag**

**Date**

**Print Name**