

JACKSONVILLE STATE UNIVERSITY

INTERNAL TRANSACTION VOUCHER

CHARGE ACCOUNT:

CREDIT ACCOUNT:

Name: _____

Name: _____

Number: _____

Number: _____

Date Received Goods or service: _____

(Attach copy of statement signed by receiver of goods or service.)

Number: _____

Brief description of goods or service received:

Total Cost: \$ _____

Signature of Charge Account Budget Unit Manager:

Signature: _____ Date: _____

BUSINESS OFFICE:

JV #: _____ Date: _____ Audited: _____