



**Texas A&M University**  
**Authorization of Payment to Dining Services Or**  
**University Club By Interdepartmental Transfer**

Date : \_\_\_\_\_

Department Name : \_\_\_\_\_

Charge Account # : \_\_\_\_\_ Order # : \_\_\_\_\_

Mail Stop : \_\_\_\_\_ Phone : \_\_\_\_\_

Prepared by : \_\_\_\_\_

Authorized Signature : \_\_\_\_\_ Total Amount \_\_\_\_\_  
 (Department Head)

Invoice #	Amount	Benefit to TAMU & Purpose of Food
<b>Total:</b>		



**FOR ACCOUNTING SUPPORT SERVICES USE ONLY**

Object Code	Amount
4011	
4050	
5620	
5870	
6902	
6339	
6340	
Total	

Accounting Support Approval : \_\_\_\_\_

Date : \_\_\_\_\_