

City of San Angelo

Interfund Billing & Payment Authorization

Finance Use Only	
Date Rcv'd	_____
Journal Ent #	_____
Group #	_____
# Transactions	_____

BILL TO: _____

PAY TO: _____

BILLING DATE: _____

PROJECT CODE: _____

Account Credited					DR	CR	Description
	0000	101	01	00			Total Billing

*BILLING APPROVAL _____

Account Expensed					DR	CR	Description
	0000	101	01	00			Total Payment

*DEPT PAYMENT APPROVAL _____

*FINANCE APPROVAL _____