



**MICHIGAN STATE
UNIVERSITY**

MSU UNION INTERDEPARTMENTAL TRANSFER

SERVICE/VENDOR _____

PHONE 355-3494

ACCOUNT NUMBER _____

DEPARTMENT NAME _____

FUNCTION DATE _____

BILLING ADDRESS _____

CONTACT NAME _____

PHONE NUMBER _____

Expenses for food, beverage & room rental must conform to sections 45 and 46 of the MSU Manual of Business Procedures. The following is required by section 46.

FULLY EXPLAIN SPECIFIC BUSINESS PURPOSE : _____

AFFILIATIONS / ORG. REPRESENTED / NAMES (or # if more than five)

1. _____ 4. _____

2. _____ 5. _____

3. _____

#	DESCRIPTION	EACH	AMOUNT
		Subtotal	
		Sales Tax	
		TOTAL	

White, Yellow, and Green Copies - MSU Union Business Office

Pink Copy - Customer

Authorized Signature

Date