

**JACKSONVILLE STATE UNIVERSITY**

**INTERNAL TRANSACTION VOUCHER**

CHARGE ACCOUNT:

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

Number: \_\_\_\_\_

CREDIT ACCOUNT:

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

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:

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Total Cost:    \$ \_\_\_\_\_

Signature of Charge Account Budget Unit Manager:

Signature: \_\_\_\_\_

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

BUSINESS OFFICE:

JV #: \_\_\_\_\_ Date: \_\_\_\_\_