Department Charge Form

Carnegie Mellon University
Housing and Dining

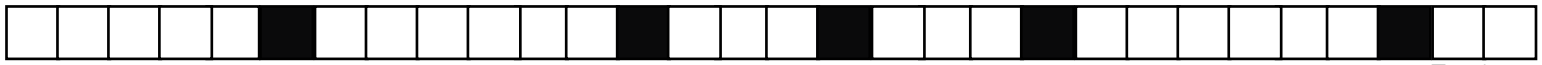
Please Print

Date:_____

Guest's Name: _____ Dept. Name: _____

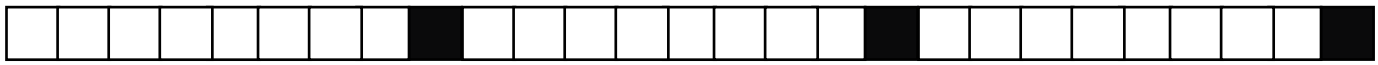
Guest's Signature: _____ Phone Number: _____

Charge General Ledger



Object Code | Funding Sources | Function | Activity | Organization | Entity

Charge Grants



Project | Task | Award

By signing above and completing the requested information below, I certify that this charge is an appropriate business expense and I am authorized to charge to the oracle string I have provided.

Please state the specific business purpose of this charge: _____

Please state the names of the attendees: _____

_____

_____

If this form is not completely filled out, the department will not be reimbursed.

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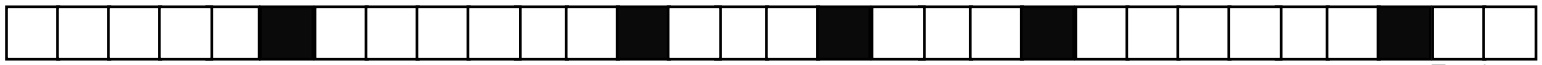

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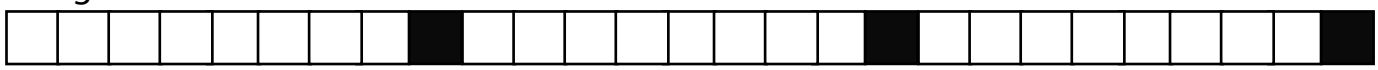

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