Req. # _____

INFORMATION RESOURCES MANAGEMENT ADMINISTRATION
Chargeback Form
Intra Agency Invoice
(Journal Entry Required)

DATE:
This form authorizes the General Accounting Division to transfer funds from:

DIVISION:_____

CHARGE PCA CODE: _____

CHARGE OBJECT/ITEM:_____

AMOUNT:_____ *to the Budget Code shown below for the following video conferencing services:*

DATE	HOURS	DESCRIPTION OF TRAINING, CABLING, AUDIO CONFERENCING, AND/OR SATELLITE VIDEO CONFERENCING	AMOUNT
		(Example: call made to, date, start & end time, etc.)	
		TOTAL	

CHECK ONE:
CREDIT DHMH IRMA, Policy, Planning & Administration Division-/-PCA Code B307G/ 0899

CREDIT DHMH IRMA, Information Technology Support Division-/-PCA Code B306G/_____

BUDGET CODE _____

FUNDS CERTIFIED AS AVAILABLE FOR TRANSFER TO THE ACCOUNT ABOVE BY:

SIGNATURE/TITLE _____ DATE _____

FUND TRANSFER TRANSACTION COMPLETED BY GENERAL ACCOUNTING DIVISION

SIGNATURE/TITLE _____ DATE _____

NOTE TO GENERAL ACCOUNTING: When transaction is completed, please return a signed copy of this form to:

Sharon Morazzani
IRMA-Policy, Planning and Administration Division;
201 West Preston Street, Room LL-4; Baltimore, MD 21201
(410)767-5116, Fax: (410)333-5941

(Rev.8/2000)