

## Interdepartmental Transactions (IDV/CAT) - Instructions

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### (1) Description of Articles or Services

**Item #:** Line Item #

**Description of Articles or Services**

**Amount:** Total charge for the line item.

**Transaction Type:** Check appropriate box (IDV or CAT).

### (2) Accounting Information

**Index (required)**

**Fund (required)**

**Account (required):** If the CAT box is selected, only revenue account codes 506100 or 506200 and expense account codes 737xxx, 757450, 761610 or 761900 are valid. The only account codes that can be used on the Catering and Food Services Form are 506100, 506200 for Revenues, 737XXX, 757450, 761610 or 761900 for Expenditures.

**Amount (required):** The default is a debit (+) to enter a credit (-) use a “-” before entering the amount.

**Reference:** Leave the reference field blank.

**Document Total:** This is the total of the absolute values entered above.

**Actual Total:** This should always equal zero.

### (3) Routing:

All IDV/Catering and Food Services Forms must be reviewed by the PI, Dean/VP/CC President, or Designee and the appropriate Fiscal Monitor. If a sponsored award or gift is used, please route to MSC SPA, all others route to MSC CAR.

### (4) Special Instructions:

Supporting documentation must be attached. All IDV and Catering and Food Services Forms received without supporting documentation will be returned.



# Interdepartmental Transactions (IDV/CAT) - 10 Lines or Less

Are you using sponsored awards or gifts on this form?

- Yes - Route MSC SPA  
 No - Route MSC CAR

ROUTING

## SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): \_\_\_\_\_ Requestor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Ordering Dept./Campus Box: \_\_\_\_\_ Service Dept./Campus Box: \_\_\_\_\_

## SECTION 2: REQUEST DETAILS

Item #	Description of Articles of Services <small>(if not complete description, attach sufficient supporting documents in duplicate)</small>	Amount

**IF ADJUSTMENTS ARE REQUIRED, PLEASE CONTACT THE SERVICE DEPARTMENT**

IDV Type:  **CAT** (Revenue Account Code Must=506100,506200) Expense Account Code Must =737XXX, 757450, 761610 or 761990  **IDV**

Seq #	JV Code	Index	Fund	Account	Amount	D/C	Description (35 spaces)	Reference	
1									
2									
3									
4									
5									
6									
Document Total:									
Actual Total:									

## SECTION 3: APPROVAL

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  Principal Investigator  Dean/VP/CC President  
 Designee

## SECTION 4: OFFICIAL APPROVAL

Fiscal Monitor: Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_