



Date:

TV No.

ACCOUNT CHARGED		Deobligation Number	Account Title	Amount	D/C
Index Number	Account Code				
ACCOUNT CREDITED		Deobligation Number	Account Title	Amount	D/C
Index Number	Account Code				

**COMMENTS**

Name of Approver for Department Charged \_\_\_\_\_

Name of Approver for Department Credited \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR ACCOUNTING USE ONLY**

**Deliver to:**

Accounting Office, Administration Bldg., Room 275

Accounting Office Signature \_\_\_\_\_

Received \_\_\_\_\_ Date \_\_\_\_\_