

# IIT

Date  (1)  
 Month Day Year

## Medical University of South Carolina (Intra Institutional Transfer)

IT

### Servicing Department

### Requesting Department

**Revenue:**

\_\_\_\_\_ (2)

\_\_\_\_\_

ENTITY	ACCOUNT	UNIT
<input type="text"/>	<input type="text"/>	<input type="text"/>

(4)

PROJECT	REPORTING	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

(MUCR Only)

DESCRIPTION 3

**Expense:**

\_\_\_\_\_ (3)

\_\_\_\_\_

ENTITY	ACCOUNT	UNIT
<input type="text"/>	<input type="text"/>	<input type="text"/>

(5)

PROJECT	REPORTING	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

(MUCR Only)

DESCRIPTION 3

QUANTITY	UNIT OF ISSUE	Description	UNIT PRICE	EXTENSION
(6)	(7)	(8)	(9)	(10)
			(11)	
			Actual Total	(12)

**AUTHORIZED SIGNATURES**

Requesting Department

\_\_\_\_\_ (13) \_\_\_\_\_ (15)

Signature \_\_\_\_\_ (14) Signature \_\_\_\_\_ (16)