

Document No.

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THE CHINESE UNIVERSITY OF HONG KONG
INTERDEPARTMENTAL TRANSFER FORM

Please transfer HK\$ _____

	From: (Debit)		To: (Credit)
COMPANY CODE			C 0 0 1
COST CTR/PROJECT/ BUSINESS AREA CODE			U H S
BUSINESS AREA NAME COST CTR/PROJECT/	University Health Service		
ACCOUNT CODE			5 5 9 1 0 1

Items being charge for (Dept / Unit): _____

First Aid Box Only \$200.00@ x (Qty) = HK\$
 Refill of First Aid Box \$300.00@ x (Qty) = HK\$
 First Aid Box with Refill \$500.00@ x (Qty) = HK\$
Grand Total = HK\$

Contact Person: _____ Tel: _____

 Received from UHS the above contents by _____ (Name in Block Letters)
 Date: _____

	From: (Debit)		To: (Credit)
CHECKED/RECEIVED BY DEPARTMENT			
APPROVED BY HEAD			
CHECKED/APPROVED BY BURSARY	/		
DATE			

Posted by: _____ Date: _____

Materials will be issued upon receipt of attached SIGNED form from receiving unit.

N.B. Supporting documents, where appropriate, should be submitted.