

**SOUTH TEXAS COLLEGE**  
**STUDENT ORGANIZATION FOOD SERVICE - INTERDEPARTMENTAL TRANSFER (IDT)**

**Instructions:** Please type. All fields are required and must be completed. Incomplete IDT requests will not be processed. Supporting documentation (quotes, invoices, etc.) must be attached and submitted with the IDT request. This form is used to process payment from a Student Organization to the STC Food Services Department.

**Business Office Use Only**

Document: \_\_\_\_\_ IDT: \_\_\_\_\_ Budget Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 Document Total: \_\_\_\_\_  
 Date: \_\_\_\_\_ Entered by: \_\_\_\_\_

Student Organization Name: \_\_\_\_\_  
 Student Organization Codes: Fund Code: \_\_\_\_\_ Account Code: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Location of Event (Include Campus): \_\_\_\_\_  
 Event: \_\_\_\_\_  
 Event Date and Time: \_\_\_\_\_  
 Justification: \_\_\_\_\_

Attach Food Service Invoice and Itemize Expenses Below. Food Service Invoice #: \_\_\_\_\_

ITEMS	QUANTITY	UNIT COST	TOTAL
<b>GRAND TOTAL</b>			

**Provider - Food Services**

I certify that the above charges are true, correct, and unpaid.

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Financial Manager (Print Name) \_\_\_\_\_ Date \_\_\_\_\_

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Financial Manager Approval Signature - Luis Guzman \_\_\_\_\_ Date \_\_\_\_\_

**Customer - Student Organization**

Approval of Charge:  
 I certify that the above charges were rendered, or goods received; and that they correspond in every particular with the contract under which they were procured and that the invoice is true and unpaid.

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Financial Manager Approval (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ Date \_\_\_\_\_

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Student Officer Approval (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ Date \_\_\_\_\_

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Student Officer Approval (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ Date \_\_\_\_\_