

Columbia University

IN THE CITY OF NEW YORK

DATE:

INTERDEPARTMENTAL INVOICE

ISSUING DEPARTMENT:		DEPT NO.
SERVICE PROVIDED TO:		DEPT. NO.
LOCATION:		
APPROVED BY:		Phone
	Please print	
	Signature	

DESCRIPTION: please provide a breakdown of how the Fellow health benefits premium will be paid	Amount	
Total		

Please provide the following information if Fellow has a Fellowship or training grant allowance	Amount	
Overall amount in Fellowship allowance or training grant training related expense account		
75% of the amount in Fellowship allowance or training grant training related expense account		

Important: Payments for Postdoctoral Fellow Health Benefits from fellowship allowance or training grant training related expense accounts must be charged using Natural Account 66306

ARC Account #	Business Unit	Dept	PC Business Unit	Project	Project Activity	Initiative	Segment	Site	Fund	Function

For HR Benefits Use Only

Payroll Group:
 ID#: