Interdepartmental Transfer

INFORMATION TECHNOLOGY SERVICES	For Ha	wk PC o	orders only		your own IDT #. gn an IDT number. IDT#	:	
1. Type of Transaction: Transfer of Funds Date:		2. Name	2. Name of Person to Receive Equipment:				Person receiving equipment cannot authorize IDT.
3. Department to be Charged: Department to be Credited: Information Technology Services/Hawk PC		_	Building & Room #:				Ext:
		Department Receiving Equipment:					Org:
4. From: Fund or Org Sub-Account Account Title		To:	Fund/Org	Sub-Account	Account Title		Amount
			3240	62960	Hawk PC	_	
			3240	62960	Hawk PC	_	
			3240	62960	Hawk PC	_	
			3240	62960	Hawk PC	_	
Please Note: Extended warranties (4 years or more) and prin	nters must be on sepa	irate lir	nes. Everything	else must go on one	e line. To	otal:	
5. Explanation: Please write down what equipment/softw. Do not attach anything to this IDT. Do not put instruct					nounts for each item.		
				in the second			
^{6.} Authorized Signature:	EXT:		 This form is only to be used for purchasing Hawk PCs equipment. This form must be sent to ITS: CC-125 or emailed to mahoward@hartford.ed Do not send it to Accounting. 			.edu -	ITS use only
Person receiving equipment cannot authorize ID [®] Name:	T. Date:	•	 Please use a separate line for each item. For information about ordering a Hav PC, please see <u>hartford.edu/hawk-pc</u> Any IDTs received as NSF will be returned. All areas must be filled out. 		Hawk	Service Desk#	
IDT filled out By:	EXT:						PO#
Accounting Approval:	 Date:		Authorization: (M	att Howard)	Date:		1/6/23 MFH