



**THE UNIVERSITY of TEXAS**  
**MEDICAL SCHOOL AT HOUSTON**

*A part of The University of Texas Health Science Center at Houston*

**INTER-DEPARTMENTAL TRANSFER VOUCHER FORM**

**PAYMENT FOR SCANS PERFORMED IN UT 3-T MRI SCANNER FACILITY**

DATE: \_\_\_\_\_ Voucher # \_\_\_\_\_

AMOUNT TO TRANSFER: \$ \_\_\_\_\_

ACCOUNT TO BE CHARGED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FMS Fund Chartstring: OpU / Dept Cd / Fund / Program / Class Code/ Acct

ACCOUNT TITLE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_