

County of Sonoma
Auditor-Controller-Treasurer-Tax Collector
Interdepartmental Billing Authorization

Department/Entity Name: _____ Fund & Dept: _____

1) Service Charged: _____

2) Departments/Entities Billed ("all" if transaction applies to all departments)

a) Cost Applied/Reimbursements (Dec Exp -- Acct 58XXX):

b) Revenue for Providing Services (inc rev):

3) Authorization:

4) Justification and period for billing authorization:

Approvals:

Department Head: _____ Date: _____

County Administrator: _____ Date: _____

Auditor-Controller: _____ Date: _____