

**RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC.  
ZERO INVOICE**

<b>VENDOR NAME</b>	<b>Instructions:</b> * Use this form to transfer expenses from one account and/or category to another. * <b>Do not</b> enter unrelated items on the same form. * Submit the completed form to the Controller's Office.		
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>

D/C	PROJECT / TASK / AWARD	PROJECT END DATE	CATEGORY	ORGANIZATION	MATCH TO PO #	REFERENCE (PO)	AMOUNT
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DESCRIPTION: Describe and/or attach documentation in sufficient detail to explain the purpose of the transfer and that it is an appropriate expense for the account being charged.

<b>FOR BUSINESS OFFICE USE:</b>		<b>FOR CONTROLLER'S OFFICE USE</b>	
Prepared by:	Date:	Approved By:	Date:
Approval Signature:	Date:	Entered by:	Date: