RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC.

ZERO INVOICE

Vendor Name and Address	Instructions:
	* Use this form to transfer expenses from one account and/or category to another. * ***Do not*** enter unrelated items on the same form. * Submit the completed form to the Controller's Office.

D/C	Project/Task/Award	Category	Organization	PO #	Amount	Transaction Description
					$ 0.00	

DESCRIPTION (required): Describe and/or attach documentation in sufficient detail to explain: 1) the purpose of the transfer and 2) how it is an appropriate expense for the account being charged.

FOR BUSINESS OFFICE USE:

_____ / _____ _____ / _____

Prepared By *Date* *Approval Signature* *Date*

FOR CONTROLLER'S OFFICE USE:

_____ / _____ _____ / _____

Prepared By *Date* *Approval Signature* *Date*