Columbia University
IN THE CITY OF NEW YORK
INTERDEPARTMENTAL INVOICE – Postdoctoral Fellow

Payroll Group ID# (check one):

Vendor ID: _____   ☐ MO1 ☐ MO2   Employee ID #: _____

Issuing Department: _____   Department No: _____

Service Provided To: _____   Department No: _____

Location: _____   Phone Number: _____

Approved By
(please print): _____   Signature: _____

Description: please provide a breakdown of how the fellow health benefits premium will be paid	
	$
	$
	$
	$
Total:	$

Please provide the following information if Fellow has a fellowship or training grant allowance:	
Overall amount in fellowship allowance or training grant training related expense account:	
75% of the amount in fellowship allowance or training grant related expense account:	

Important: Payments for postdoctoral fellow health benefits from fellowship allowance or training grant training related expense accounts must be charged using Natural Account 66306

ARC Account #	Business Unit	Dept	PC Business Unit	Project	Project Activity	Initiative	Segment	Site	Fund	Function