



Send directly to provider.  
Do not send to Purchasing.

# INTER-DEPARTMENTAL REQUISITION

## Receiver Information

Department Name	Ship To
Origin	Requester Name
Requester Location	Requester Phone
End User Name	
End User Location	End User Phone

## Provider Information

Department #	Phone #	Fax #
Department Name		
Contact Name		
Address		
City	State	Zip

## Tx Control

Requisition ID <b>1</b>	
Req Date	Due Date
Ship Via	
Freight Pay <input type="checkbox"/> Receiver <input type="checkbox"/> Provider	Confirming Order <input type="checkbox"/> Yes

Fund	Org	Dept	Sub-Dept	Grant/Program	Inst Acct	Org Acct	Dept Acct	Fn	Cost Ctr	SLID/SLAC	
											<p>← If this entire requisition is to be expensed against one MFK, enter it here. Otherwise leave this MFK blank and use the MFK Addendum.</p> <p>← If this entire requisition is to be CREDITED to one MFK, enter it here. Otherwise leave this MFK blank and use the MFK Addendum.</p>

## Items or Services To Be Provided

Line #	Quantity	U.O.M.	Item #	Category	Item Description	Price	Extension

## Processing and Approvals

For costs charged to external sponsored projects, the signature of the department head certifies the charges are project related and where required, prior approval has been obtained.				Notes to Provider			
Process Codes				<input type="checkbox"/> Invoice Attached <input type="checkbox"/> Send Attachments <input type="checkbox"/> Radiation Handling <input type="checkbox"/> Other:			
End User Approval	Date	Departmental Approval	Date	Special Approval	Date	College Approval	Date
Copy						Page	Of

<b>Sub Total Forward</b>	
<b>Grand Total Including Freight</b>	