



Interdepartmental Requisition Form

IR REFERENCE

IR

DOCUMENT REFERENCE NO.

DR

Credit Account Number

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TYPE OR PRINT

**NO ENVELOPE NECESSARY • THIS IS A SELF MAILING FORM
ADDRESS - FOLD - STAPLE - MAIL**

TO: _____
 NAME/DEPARTMENT CAMPUS BUILDING ROOM LOCATOR CODE

FROM: _____
 NAME/DEPARTMENT CAMPUS BUILDING ROOM LOCATOR CODE

DESCRIPTION	QUANTITY	UNIT PRICE	ACCOUNTS TO BE CHARGED				CREDIT	
			ACCOUNT NO.	*OBJECT	I	AMOUNT	*OBJECT	I

↑ FOLD UP (left) **FOLD UP ↑** (right)



DELIVER TO: Name _____ Campus _____ Locator Code _____
 Building _____ Room No. _____ Delivery Point _____

FOR FURTHER INFORMATION CONCERNING THIS REQUEST, PLEASE CONTACT
 NAME _____ PHONE _____

Printed or Typed Name of Authorized Signature		Dept. Head or Dean Approval (if required)		Date
Authorized Signature	Date	Budgetary Approval		Date

*OBJECT CODE FOR DEBIT AND CREDIT ACCOUNT MUST BE IDENTICAL