	Hos		RSITY OI & CLINI 52242			Send directly to provider. Do not send to Purchasing.							NTER-DEPARTMENTAL REQUISITION		
Re	ceiver	Inform	nation			Provider Information						Tx Control			
Department Name Ship To						Department #			Phone		Fax #	Requ	isition ID		
Oı	igin	Requester	Name			Department Name						Req	Date	Due Date	
Requester Location Requester Phone						Contact Name Ship							Via		
Er	nd User Nam	l											ht Pay Receiver Provider	Confirming Order	
End User Location End User Phone															
Fu	ind Org	Dept	Sub-Dept	Grant/Progra	am Inst	Acct Org Acct Dept Acct		Fn Cost Ctr		SLID/SLAC		-	If this entire requisition is to be EXPENSED agains one MFK, enter it here. Otherwise leave this MFK blank and use the MFK Addendum.		
											If this entire requisition is to be CREDITED to one MFK, enter it here. Otherwise leave this MFK blank and use the MFK Addendum.				
Items or Sevices To Be Provided															
Line #	Quantity	U.O.	M. Item #	Category	Item Description								Price	Extension	
Processing and Approvals													Sub Total Forward		
of the de	epartment he	ad certifies	onsored proje the charges a al has been o	cts, the signature re project related btained.	Notes to	Notes to Provider							Grand Total Including Freight		

Process Codes Invoice Attached Send Radiation Handling Other: End User Approval Departmental Approval Date Special Approval Date Date College Approval Date Of Сору Page