Send directly to provider. Do not send to Purchasing.

INTER-DEPARTMENTAL REQUISITION

Iowa City, IA 52242

Re	ceiver	Inform	ation				Provider Information							Tx Control				
Department Name Ship To				Ship To			Department #			Phone #		Fax #	Requis					
Origin Requester Name							Department Name							Req Dat	te		Due	Date
Requester Location Requester					Phone	Contact Name							Ship Via	а				
End User Name						Address							Freight Pay Confirming Order Receiver Provider Yes				•	
End User Location End User					Phone	City State Zip												
Fund Org		Dept	Sub-Dept	Grant	Grant/Program Inst		Org Acct	Dept Acct	Fn	Cost Ctr SLID/SLAC		:		If this entire requisition is to be exone MFK, enter it here. Otherwise blank and use the MFK Addendo				expensed against se leave this MFK ndum.
													•	If	If this entire requisition is to be CREDITED to on MFK, enter it here. Otherwise leave this MFK bla 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	s charged to epartment he ere required,	ad certifies t	he charges	are project r	nature N related	Notes to Pro	Provider								Grand Total Including Freight			
Process Codes Invoice Send Radiation Attachments Handling Other:																		
End User Approval Date Department						artmental Approval Date Special Approval						Date	te College Approval Date					Date
Сору					_											Page Of		