Send directly to provider. Do not send to Purchasing.

## INTER-DEPARTMENTAL REQUISITION

Iowa City, IA 52242

Re	ceiv	er Ir	nform	ation				Provider Information							Tx	Tx Control				
Department Name Ship To							Department #			Phone #	hone # Fax #			Requisition ID  1						
Origin Requester Name							1	Department Name							Req Date			Due D	Date	
Requester Location Requester Phone								Contact Name S							Ship V	ip Via				
End User Name																eight Pay  Receiver Provider			rming Order es	
End User Location End User Phone								City State Zip												
Fund Org		Dept	ept Sub-Dept Grant/Pr		ogram	Inst Acct	ct Org Acct Dept Acct		Fn	Cost Ctr SLID/SLA		ıC		If this entire requisition one MFK, enter it here blank and use the MI			n is to be expensed against Otherwise leave this MFK K Addendum.			
															<b></b> N	If this entire requisition is to MFK, enter it here. Otherwis and use the MFK Addend			CREDITED to one ave this MFK blank	
Items or Sevices To Be Provided																				
Line #	Qua	ntity	U.O.M. Item# Category					Item Description								Price			Extension	
Pro	Processing and Approvals															Sub Total Forward				
of the de	epartme ere requ	ent head uired, pri	I certifies th	nsored project ne charges are I has been ob	e project rela	ture N ated	lotes to Pro	Provider								Grand Total Including Freight				
Process	Codes	;				Invoice Attached			Send Attachment		Radiation Uther:									
End User Approval Date Department						tal Approva	oroval Date Special Approval Date							College Approval Date						
Сору																	Page Of			