

Controller's Office Florida State University 6300A University Center Tallahassee, FL 32306-2391 Ph: (850) 644-5010 <u>GeneralAccounting@admin.fsu.edu</u>

Interdepartmental Requisition Form

Note: Sample IDR forms, as well as instructions and guidance are available at http://controller.vpfa.fsu.edu/accounting/interdepartmental-transactions

** This form should only be used for obtaining items from departments that **ARE NOT** utilizing OMNI AR/Billings functionality **

DATE	DEPARTMENT NAME		SELLING DEPARTMENT		
CC	CONTACT				(Date Received)
			Other:		
APPROVEI	D BY	APPROVER'S SIGNATURE	Notes:		
					(Job Number)
DATE REQUIRED	LOCATION FOR DELIVERY				
					Ref# [INVOICE]

BUYING DEPARTMENT CHARTFIELDS

DeptID	Fund	Project	Activity ID	Analysis Type	Chartfield1	Chartfield2	Chartfield3	Source Type	Category

ALL PRICES ARE ESTIMATES UNTIL FINAL INVOICE

ltem #	Quantity	Description of Items or Services Requested	Account	Unit Price	Extended Price
	•			Total Amount	

SELLING DEPARTMENT CHARTFIELDS

(For Selling Department Use Only)

DeptID	Fund	Account	Amount	Chartfield1	Chartfield2	Chartfield3

Sponsored Research Approval

Foundation Approval (Fund 599)

Research Foundation Approval

Approved By:

Approved By:	

IDR Revised 06/20