UTSouthwestern Medical Center

INTERDEPARTMENTAL REQUISITION (IDR) - PAPER FORM

*Submit completed forms via email to MailServices@UTSouthwestern.edu

JOURNAL ID _____
DATE _____
FOR ACCOUNTING DEPT USE ONLY

Section 1

Requisition Number: _____ Date: _____
Requester: _____ Mail Code: _____
Requester Phone: _____ Servicing Department: _____
Requesting Department: _____ Delivery Location (Purchasing Only): _____
Contact Name: _____ Contact Phone: _____

Section 2

	Requesting Department Use					Servicing Department Use Only		
Line Nbr	Item Description (only 30 characters)	UOM	Order Qty	Unit Price	Total Line Cost	Qty Issued	Issue Price	Line Cost
1								
2								
3								
4								
5								
				Total	$		Total	$

Section 3 **Charge/Debit**

Line Nbr	Business Unit	Operating Unit	Dept	Account	Fund Type	Source	Function	PC BU	Proj ID	Activity ID	Purpose	Person #	Site	Amount
1														
2														
3														
4														
5														
													Total Charge	$

Approval Signature: _____ Approval Print Name: _____ Approval Phone Number: _____

Section 4 **Credit**

								Grant Related Information						
Line Nbr	Business Unit	Operating Unit	Dept	Account	Fund Type	Source	Function	PC BU	Proj ID	Activity ID	Purpose	Person #	Site	Amount
1														
2														
3														
4														
5														
													Total Charge	$

Approval Signature: _____ Approval Print Name: _____ Approval Phone Number: _____