

UNIVERSITY OF HAWAII
INTERDEPARTMENTAL ORDER

Interdept Order #: _____

Pre-Encumb #: _____

Date: _____

Delivery			
Department Name:		Requisitioner:	
Address 1:		Phone Number:	
Address 2:		Email:	
Building #, Room # :		Date Required:	
City:		Project End Date:	
State:		Principal Investigator Name:	
Postal Code:		Delivery Instructions:	
Additional Information:			

Vendor			
Vendor Name:		Contact Name:	
Address 1:		Phone Number:	
Address 2:		Fax Number:	
Attention:		Notes to Vendor:	
City, State:			
Postal Code:			

Items						
Item Line #	Quantity	UOM	Catalog #	Description	Unit Cost	Extended Cost
Less discount						
Total						

Accounting Lines								
Chart	Account Number	Account Expiration Date	Sub-Account	Object Code	Sub-Object	Project Code	Org Ref ID	Amount
Total								

Approval			
I CERTIFY THAT THIS PURCHASE SUPPORTS THE UNIVERSITY PROGRAM INDICATED IN THE ACCOUNTING LINES SECTION.		I CERTIFY THAT SUFFICIENT FUNDS ARE AVAILABLE IN THIS ACCOUNT FOR THIS PURCHASE AND THAT THIS PURCHASE IS IN ACCORDANCE WITH APPLICABLE UNIVERSITY POLICIES AND PROCEDURES.	
Approving Authority Signature	Title	Fiscal Administrator Signature	Date
Printed Name:		Printed Name:	FO Code