## UNIVERSITY OF HAWAII INTERDEPARTMENTAL ORDER

Interdept Order #:

Pre-Encumb #:

Date:

Delivery										
Department Name:							Requisitioner:			
	Addres	ss 1:					Phone Number:			
	Addres	ss 2:					Email:			
В	uilding #, Roor	n # :					Date Required:			
	(	City:					Project End Date:			
	St	ate:					Principal Investigator Name:			
	Postal Co	ode:				Deliv	ery Instructions:			
Addit	tional Informat	ion:								
Vendor										
	Vendor Na	ime:					Contact Name:			
	Addre	ss 1:					Phone Number:			
	Addre	ss 2:					Fax Number:			
	Attent	tion:					Notes to Vendor:			
	City, St	ate:								
	Postal Co	ode:								
Items										
Item									Unit	Extended
Line # Quantity U		UOM	UOM Catalog #		Description				Cost	Cost
					Less discount					
						Total				
Accounti	ng Lines									
	Account	4	Account	Sub-	Object	: Sub-	Project	Org		
Chart	Number	Expi	ration Date	Accoun	t Code	Object	Code	Ref ID	Am	ount
								Total		
Approval										
	HIS PURCHASE SUPPO	RTS THE UNIVERS	ITY PROGRAM INDIC	ATED IN THE AG	CCOUNTING LINES			ABLE IN THIS ACCOUNT FO BLE UNIVERSITY POLICIES A		ND THAT THIS
Approving Authority Signature Title						Fiscal Administrator Signature			Date	FO Code
Printed Name:						Printed Name:				