Clear Form

DEPARTMENT REQUISITION

University of Wisconsin-Stout

DATE _____ REQ. NO. _____

ORDERING DEPARTMENT:

SELLING DEPARTMENT: ACCOUNT NO ____-__-_____

TITLE OF ACCOUNT TO BE CHARGED: _____ % ACCOUNT NO ____-__-_____

_____ % ACCOUNT NO ____-__-_____

ACCOUNT ADMINISTRATOR APPROVAL:

QUANTITY	DESCRIPTION	CLASS CODE	RATE	TOTAL COST

TOTAL PRICE

$0.00

ORDERED BY _____ PHONE _____

FILLED BY _____ DATE _____

RECEIVED BY _____ DATE _____

CLASS CODE	AMOUNT

Use this form for INTER DEPARTMENTAL PURCHASES

Form Instructions:

1. Obtain signatures and account numbers on original.
2. Make 3 copies of original. Copies can be on white or the traditional yellow, pink and blue.
3. Forward original and 2 copies to the Selling Department. Retain 1 copy for your records.