

INTERDEPARTMENTAL REQUISITION (IDR) - PAPER FORM

*Submit completed forms via email to AccountingOperations@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

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: _____