



# INTER-DEPARTMENTAL REQUISITION

## Receiver Information

Department Name HR-Employment	Ship To 102 USB
Origin W29	Requester Name Marlo Laing
Requester Location 102 USB	Requester Phone 5-2947
End User Name Laing, Marlo	
End User Location 102 USB	End User Phone 5-2947

## Provider Information

Department #	Phone # 5-2945	Fax # 5-2951
Department Name ITS-TNS		
Contact Name Vicki Donovan		
Address 400 NH		
City	State	Zip

## Tx Control

Requisition ID 1 0315 2102	
Req Date 2/28/07	Due Date
Ship Via	
Freight Pay <input type="checkbox"/> Receiver <input type="checkbox"/> Provider	Confirming Order <input type="checkbox"/> Yes

Fund	Org	Dept	Sub-Dept	Grant/Program	Inst Acct	Org Acct	Dept Acct	Fn	Cost Ctr	SLID/SLAC	
050	05	0315	00060	0 00000 00	6275	000	00000	60	0000		
											<p>← If this entire requisition is to be expensed against one MFK, enter it here. Otherwise leave this MFK blank and use the MFK Addendum.</p> <p>← If this entire requisition is to be CREDITED to one MFK, enter it here. Otherwise leave this MFK blank and use the MFK Addendum.</p>

## Items or Services To Be Provided

Line #	Quantity	U.O.M.	Item #	Category	Item Description	Price	Extension
1					Blanket requisition authorizes submission of voice, data, & video service requests		\$0.00
					by the departmental liaisons: Marlo Laing, Hawk ID mlaing, Bev Mason, bmason.		\$0.00
					This requisition will remain active until ITS-TNS is notified. The above MFK will be		\$0.00
					used as a back-up MFK (Use Non-Expiring MFK), when departmental MFK's		\$0.00
					become invalid. The department will include MFK on all service requests if		\$0.00
					different than above.		\$0.00

## Processing and Approvals

For costs charged to external sponsored projects, the signature of the department head certifies the charges are project related and where required, prior approval has been obtained.				Notes to Provider			
Process Codes				<input type="checkbox"/> Invoice Attached <input type="checkbox"/> Send Attachments <input type="checkbox"/> Radiation Handling <input type="checkbox"/> Other:			
End User Approval	Date	Departmental Approval	Date	Special Approval	Date	College Approval	Date
Copy						Page	Of

<b>Sub Total Forward</b>	
<b>Grand Total Including Freight</b>	\$0.00