



Office of the University Controller
Florida State University

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** General Accounting Office Use Only

** JOURNAL ID

Interdepartmental Requisition and Journal Entry Form

DATE	DEPARTMENT NAME	SEND TO:	_____ (Date Received) _____ (Job Number) _____ Re## [INVOICE]
		<input type="checkbox"/> Printing Services <input type="checkbox"/> Bookstore <input type="checkbox"/> Campus Services <input type="checkbox"/> Union Copy <input type="checkbox"/> Computer Store <input type="checkbox"/> User Services <input type="checkbox"/> Chemistry <input type="checkbox"/> Parking Service <input type="checkbox"/> Biology <input type="checkbox"/> Other (please specify)	
CONTACT		TELEPHONE NO.	
APPROVED BY		APPROVER'S SIGNATURE	
DATE REQUIRED	LOCATION FOR DELIVERY		

BUYING DEPARTMENT CHARTFIELDS

DEPT ID	FUND	PROJECT	CF1 (Optional)	CF2 (Optional)	CF3 (Optional)	RESRC TYPE	RESRC CAT	RESRC SUB-CAT	BUD REF	PC BU	ACT ID	RESRC ANL TYPE

ALL PRICES ARE ESTIMATES UNTIL FINAL INVOICE

ITEM NO.	QUANTITY	DESCRIPTION OF ITEMS OR SERVICES REQUESTED	ACCOUNT	UNIT PRICE	EXTENDED PRICE
Amount					

Contracts and Grants (C&G) Approval	
Approved By: _____	Date: _____

SELLING DEPARTMENT CHARTFIELDS (For Selling Department Use Only)

DEPT ID	FUND	ACCOUNT	AMOUNT	CF1*	CF2	CF3