



PRAIRIE VIEW A&M UNIVERSITY
INTERDEPARTMENTAL ORDER

Interdepartmental Requisition Number

_____ DATE

Name & Address of Suggested Vendor

DEPT. HEAD

DEPT./BUDGET UNIT NO.

ITEM NO.	QUANTITY	DESCRIPTION	UNIT COST		AMOUNT	

FOR BUDGET CONTROL USE ONLY

DATE REC'D _____ DATE ENCUM. _____

ENCUM. BY _____ AMT ENCUM. _____

STATE ACCT NO. _____

LOCAL ACCT NO. _____

TOTAL \$ _____

PERSON ORDERING _____ PHONE NO. _____

DATE _____ AUTHORIZED SIGNATURE _____

NOTES: _____

FUND	DEPT	OBJECT