

UNIVERSITY OF HAWAII
INTERDEPARTMENTAL ORDER

Interdept Order #: _____

Pre-Encumb #: _____

Date: _____

Delivery

Department Name:		Requisitioner:	
Address 1:		Phone Number:	
Address 2:		Email:	
Building #, Room # :		Date Required:	
City:		Project End Date:	
State:		Princ Investigator Name:	
Postal Code:		Delivery Instructions:	
Addl Information:			

Vendor

Vendor Name:		Contact Name:	
Vendor #:		Phone Number:	
Address 1:		Fax Number:	
Address 2:		Notes to Vendor:	
Attention:			
City, State, Postal Code:			

Items

Item Line #	Quantity	UOM	Catalog #	Description	Unit Cost	Extended Cost
Total						

Accounting Lines

Chart	Account Number	Sub-Account	Object	Sub-Object	Project	Org Ref ID	Amount
Total							

Approval

<p>I CERTIFY THAT THIS PURCHASE SUPPORTS THE UNIVERSITY PROGRAM INDICATED IN THE ACCOUNTING LINES SECTION.</p>	<p>I CERTIFY THAT SUFFICIENT FUNDS ARE AVAILABLE IN THIS ACCOUNT FOR THIS PURCHASE AND THAT THIS PURCHASE IS IN ACCORDANCE WITH APPLICABLE UNIVERSITY POLICIES AND PROCEDURES.</p>
<p>Approving Authority Signature Printed Name:</p>	<p>Title Fiscal Officer Signature Date FO Code Printed Name:</p>