

# Florida State University Interdepartmental Requisition and Journal Entry Form

\* Required for projects only    \*\*\* Optional for projects  
 \*\* Optional    \*\*\*\* Required for construction projects only

DATE	DEPARTMENT NAME	SEND TO:	(Do Not Write in this Space)
		<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 Services <input type="checkbox"/> Biology <input type="checkbox"/> Other (please specify)	_____
			(Date Received)
CONTACT	TELEPHONE NO.		_____
			(Job Number)
APPROVED BY	APPROVER'S SIGNATURE		_____
DATE REQUIRED	LOCATION FOR DELIVERY	Ref# [INVOICE]	

**BUYING DEPARTMENT CHARTFIELDS**

DEPT ID	FUND	PROJECT *	CF1 **	CF2 **	CF3 **	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
				<b>AMOUNT</b>	

**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**