WASHINGTON STATE UNIVERSITY

INTERDEPARTMENTAL REQUISITION AND INVOICE

INVOICE NUMBER	

			5 for complete instru	uctions.						Page	of_		-
		IG DE	PARTMENT	CDENID CATEGO	ODV	COST C	AITED	FUND		TEUNISTION		DECION	
DEPART	MENI			SPEND CATEGO	URY	COST CE	:NIEK	FUND		FUNCTION		REGION	
				GIFT		GRANT		PROGRAM		PROJECT		ALTERNATE REP	ORTING
SUPPL	IER DEPA	RTMI	ENT										
DEPARTMENT				REVENUE CATI	EGORY	COST CENTER		FUND		FUNCTION		REGION	
				GIFT		GRANT		PROGRAM		PROJECT		ALTERNATE REP	ODTING
				GIFT		GRAINI		PROGRAM		FROJECI		ALTERNATE REP	OKTING
										.1			
DATE DELIVER TO: (BUILDING/ROOM)		MAIL CODE	MAIL CODE DEPT REQ NO.		CONTACT INDIVIDUAL		TELEPHO	NE	E-MAIL	E-MAIL ADDRESS			
		_										RTMENT USE	
ITEM	STOCK N	0.		SCRIPTION/RECEIV				QUAN ORI	UNIT	QUAN DEL	UNIT PRC	TOTA	AL .
			,	Double space betv									
EXPEN	IDITURE A	AUTH	ORITY										
NAME C	F AUTHOR	RIZING	OFFICIAL	SIGNATURE				DATE		IN	VOICE		
										TOTAL			