WASHINGTON STATE UNIVERSITY

INTERDEPARTMENTAL REQUISITION AND INVOICE **(IRI) FOR WSU RSOs**

Refer to BPPM 70.05 for complete instructions.

INVOICE NUMBER

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REQUISITIONING DEPARTMENT

DEPARTMENT **/RSO Name** *(expense/paying)*	SPEND CATEGORY	COST CENTER	FUND	FUNCTION	REGION
		CC0519			
	GIFT	GRANT	PROGRAM	PROJECT	ALTERNATE REPORTING

SUPPLIER DEPARTMENT

DEPARTMENT**/RSO Name** *(revenue/receiving)*	REVENUE CATEGORY	COST CENTER	FUND	FUNCTION	REGION
	GIFT	GRANT	PROGRAM	PROJECT	ALTERNATE REPORTING

DATE	DELIVER TO: (BUILDING/ROOM)	MAIL CODE	DEPT REQ NO.	CONTACT INDIVIDUAL	TELEPHONE	E-MAIL ADDRESS

					FOR SUPPLIER DEPARTMENT USE		
ITEM	STOCK NO.	DESCRIPTION/RECEIVED BY	QUAN ORD	UNIT	QUAN DEL	UNIT PRC	TOTAL
		Double space between items.					
1							$0.00
2							$0.00
3							$0.00

Authorized persons **MUST** be listed **AND** signed on the RSO's ANNUAL signature authorization on **Involve**.

PRINTED Name, Date & Signature of RSO Authorized Student:

Date:

PRINTED Name, Date & Signature of RSO Authorized Advisor:

Date:

For further RSO information, please go to: https://policies.wsu.edu/prf/index/manuals/70-00-purchasing/70-18-using-registered-student-organization-accounts/ & https://getinvolved.wsu.edu/media/ei0pn1ot/student-orgs-manual-sp26.pdf

Please send all documents (IRI with RSO signatures for final approval, receipts, revised IRIs, etc.) to **rso.finance@wsu.edu**.

EXPENDITURE AUTHORITY

NAME OF AUTHORIZING OFFICIAL	SIGNATURE	DATE
Send to rso.finance@wsu.edu		

TAX	
INVOICE TOTAL	$0.00

WSU1017-GENEX017-0121