THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER
AT DALLAS

INTERDEPARTMENTAL REQUISITION

VOUCHER _____
DATE _____
FOR ACCOUNTING DEPT. USE ONLY

REQUISITION _____ DEPT./DIV. ___ ___ ___ DATE _____

PHONE _____ DELIVER TO _____ MAIL CODE _____

PROJECT _____ REQUESTED BY _____

ACCOUNT _____ TOTAL _____

TO: ___ AACC CENTRAL SUPPLY-MC 8574 ___ ACADEMIC COMPUTING CENTER-MC 9066 ___ AV SERVICES CENTER-MC 8581 ___ BIOINSTRUMENTATION MC 9025 ___ GENERAL STORES MC 9080

___ MEDICAL ILLUSTRATION MC 9045 ___ PHYSICAL PLANT MC 9099 ___ PRINT SHOP MC 9079 ___ UNIVERSITY STORE MC 9026 ___ OTHER _____ MC _____

ITEM NO.	QUANT. ORD.	STOCK NO.	UNIT	DESCRIPTION	ESTIMATED COST	FOR SERVICE DEPT. USE ONLY QUANT. ISSUED	UNIT COST	COST

TOTAL

APPROVED: _____
PRINCIPAL INVESTIGATOR

CHARGE / DEBIT						CREDIT				
GENERAL LEDGER	SUB-ACCOUNT	CODE	ESTIMATED COST ENC. NO.	ESTIMATED COST AMOUNT	ACTUAL COST	GENERAL LEDGER	SUB-ACCOUNT	CODE		ACTUAL COST
			TOTAL CHARGES / DEBITS						TOTAL CREDITS	

WORK ORDER NO. _____ DATE COMPLETED _____ DATE BILLED _____

ISSUED BY: _____ RECEIVED BY: _____ APPROVED: _____

Distribution: Goldenrod - Department. Remainder - Service Department

FORM 3046 (REV. 11/94)