FSO-30
10/19/2015

RESET FORM

UNIVERSITY OF HAWAII
INTERDEPARTMENTAL ORDER

Interdept Order #: _____
Pre-Encumb #: _____
Date: 10/19/15

Delivery

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

Vendor

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

Items

Item Line #	Quantity	UOM	Catalog #	Description	Unit Cost	Extended Cost
1						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
					Less discount	
					Total	0.00

Accounting Lines

Chart	Account Number	Account Expiration Date	Sub-Account	Object Code	Sub-Object	Project Code	Org Ref ID	Amount
MA								
MA								
MA								
MA								
MA								
							Total	0.00

Approval

I CERTIFY THAT THIS PURCHASE SUPPORTS THE UNIVERSITY PROGRAM INDICATED IN THE ACCOUNTING LINES SECTION.	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.
Approving Authority Signature Title	Fiscal Administrator Signature Date FO Code
Printed Name:	Printed Name: