

**UNIVERSITY OF HAWAII  
INTERDEPARTMENTAL ORDER INSTRUCTIONS**

**PURPOSE:** This form is used to order goods and/or services from a University department provider. The requesting department completes the form and transmits the order to the providing department. The providing department charges the requesting department based on the accounting line information.

<b>Interdept Order #:</b>	Enter the requesting Department assigned IDO #. Suggested format, first 3 digits=FO code followed by a sequential numeric number.
<b>Pre-Encumb #:</b>	Enter the 7-digit KFS Pre-Encumbrance edoc number processed to encumber the funds for this order if required. Pre-Encumbrance requirement is dependent on campus, provider or fiscal office procedures.
<b>Date:</b>	Current date (mm/dd/yy), auto-filled.
<b>Delivery</b>	
Department Name:	Enter the requesting Department Name.
Address 1:	Enter the street address of the requesting Department.
Address 2:	Enter additional requesting Department address information.
Building #, Room #:	Enter the Building Number and Room Number to where the order should be delivered.
City:	Enter the requesting Department address City name.
State:	Enter the requesting Department address State abbreviation.
Postal Code:	Enter the requesting Department address 5-digit Postal Code (Zip Code).
Additional Information:	Enter additional requesting Department information.
Requisitioner:	Enter the Requisitioner's First and Last Name.
Phone Number:	Enter the Requisitioner's Phone Number, no spaces or dashes, area code optional.
Email:	Enter the Requisitioner's email address.
Date Required:	Enter the Date (mm/dd/yy) the goods and/or services are required.
Project End Date:	Enter the Project end date (mm/dd/yy) if applicable.
Principal Investigator Name:	Enter the Principal Investigator's First and Last Name if applicable.
Delivery Instructions:	Enter delivery instructions for the order.
<b>Vendor</b>	
Vendor Name:	Enter the providing Department Name.
Address 1:	Enter the street address of the providing Department.
Address 2:	Enter additional providing Department address information.
Attention:	Enter the First and Last Name of the person the order should be sent to.
City, State:	Enter the City name and State abbreviation of the providing Department address.
Postal Code:	Enter the 5-digit Postal Code (Zip Code) of the providing Department address.
Contact Name:	Enter the First and Last Name of the providing Department's contact representative.
Phone Number:	Enter the Provider Contact's Phone Number, no spaces or dashes, area code optional.
Fax Number:	Enter the Provider Contact's Fax Number, no spaces or dashes, area code optional.
Notes to Vendor:	Enter any notes to the vendor.
<b>Items</b>	
Item Line #	Enter a sequential line number for each item ordered starting with number 1. <u>Required.</u>
Quantity	Enter the number of items ordered. <u>Required.</u>
UOM	Enter the unit of measure of the item(s) ordered (e.g., each, dozen, liter, etc.).
Catalog #	Enter the catalog number for the item if applicable.
Description	Enter a detailed description of the item being ordered. <u>Required.</u> Use another line if additional space is needed.
Unit Cost	Enter the cost per unit of the item being ordered. <u>Required.</u>
Extended Cost	Calculated amount based on quantity and unit cost (quantity x unit cost).
Less discount	Enter the discount amount if applicable.
Total	Calculated total of the extended cost for each item less discount if applicable. Items Total must equal the Accounting Lines Total.

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Accounting Lines	
Chart	Select the Chart Code associated with the Account Number to be charged. <u>Required.</u>
Account Number	Enter the 7-digit account number to be charged. <u>Required.</u>
Account Expiration Date	Enter the account expiration date (mm/dd/yy). <u>Required for all accounts with expiration dates.</u>
Sub-Account	Enter the 5-digit sub-account number if applicable.
Object Code	Enter the 4-digit object code. <u>Required.</u>
Sub-Object Code	Enter the 3-digit sub-object code if applicable.
Project Code	Enter the 10-digit project code if applicable. Project codes are valid values in the Project table.
Org Ref ID	Enter data (8-digit maximum) to further identify the transaction if applicable.
Amount	Enter the amount to charge to the account number. <u>Required.</u>
Total	Calculated total of each accounting line amount. Accounting Lines Total must equal the Items Total.
Approval	
Approving Authority	
Signature	Obtain the requesting Department Approving Authority signature.
Title	Enter the Approving Authority's title (e.g., Assoc Dean, Principal Investigator, Director, etc.).
Printed Name:	Enter the First and Last Name of the Approving Authority.
Fiscal Administrator	
Signature	Obtain the requesting Department Fiscal Administrator signature.
Date	Enter the date (mm/dd/yy) of the Fiscal Administrator approval.
FO Code	Enter the 3-digit Fiscal Office code of the requesting Department.
Printed Name:	Enter the First and Last Name of the Fiscal Administrator.