

# INTER-DEPARTMENTAL ORDER



DATE _____ DEPT. REQUISITION NO _____		<b>DOCUMENT NUMBER:</b>  		
<u>Education Media Center – College of Education Dean</u> <u>0702</u> DEPARTMENT PROVIDING SERVICES                                      DEPARTMENT NO.				
<u>Tara Weekes</u> CONTACT PERSON		<u>864-656-3741</u> PHONE NUMBER		
DEPARTMENT TO BE CHARGED	ACCOUNT TO BE CHARGED	ESTIMATED AMOUNT		
		TOTAL ESTIMATED AMOUNT		
DESCRIPTION OF SERVICE OR PURCHASE		QTY	UNIT PRICE	AMOUNT
		TOTAL AMOUNT		
ACCOUNT TO BE CREDITED	AMOUNT OF CREDIT	Approved By:		
Education Media Center 14-406-4842-0702-130-1400020				
		Date	Project Director	
		Date	Dept. Head	
		Date	Dean/Director/Other	
TOTAL CREDITS				