

University of California, Berkeley					Document Number	
INTERDEPARTMENTAL/INTERCAMPUS ORDER						
Originating Department	Requested by	Phone Ext	Date	Deliver to	Date needed	
Charge approved by	Approval Signature	Phone Ext	Date	Delivery Address		

DESCRIPTION OF GOODS OR SERVICES	Quantity	Rate	Total
<input type="checkbox"/> Tax (materials not for resale) <input type="checkbox"/> No Tax (Wholesale/Resale materials)			

TOTAL:	
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Journal Entry Items:

COA Field Length	1	5	5	5	2	6	5	10	10	
Name of Dept to be charged	BU	Account	Fund	Dept	Prg	Chrtfld1	Chrtfld2	Speedtype	Reference	Amount

For dept. use (**credit** or other reference)

	1									
	1									
	1									
Tax XXXXXXXXXXXXXXXXXXXX	1	20001	69995	25761						

TOTAL:	
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Intercampus Lines

Is this from another UC Campus?

If yes, please provide the following info:

NOTE: IOC cannot be processed without this information.

Other Campus Department Name:		Additional Description:
Other Campus Contact (Last, First):		
Contact Phone (including Area Code):		
Contact Email:		
Other Campus Chartstring:		