Duke University									
Interdepartmental Request and Invoice (IRI)									
							IRI # (optional)		For internal reporting only
Request to:							Date		
		DEPARTMENT RENDERING SERVICE					Juli		
Initiator of Request (must be a full time Duke employee):									
	Name			Initiator DUID (*required):					
	Dept								Duke Unique ID is located on your DukeCard
	Address				IRI pa			ollowin	g (must check one - *required)
	Phone #				片	Studen DukeCa	t Organizations		DUAA Textbooks Letterman's Jackets
	Email				H		ard Deposits		Labcoats
						Caterin			Patient Meals
						Parking	g Passes		Other (non-retail):
Authori	ized Signature				┧┖┦	Compu	ter Repair		<u> </u>
Authorized Signature									
Depar		e Information					TO BE COMPLETED BY in lieu of attaching r		
	Co code	Cost Object Type GL Account	%	Amount	1				1 1000.pt
					_		Sale Date		
							POS Reg #		
					J		Location		
Purch	ase informati	ion							
Qty	Unit	Description					Unit Price	<u> </u>	Amount
							CDAND TOTAL	.	
							GRAND TOTAL	\$	-
Business Reason for Purchase									
								_	
		Signature of Person Receiving Goods or Services						Date	
								- 1	
		Print Name						DUID	