



Medical College
of Georgia

INTER-DEPARTMENT REQUEST

DATE: _____ FORM #: _____

USER DEPT	ACCOUNT	PROJECT	
FUND	DEPT	PROG	CLASS
CONTACT	EXTENSION/BEEPER	FAX	
DATE REQUESTED	DELIVER TO ROOM	APPROVAL/DATE	

FUND APPROVAL:

DATE:

PROVIDER DEPT	ACCOUNT	PROJECT	
FUND	DEPT	PROG	CLASS
CONTACT	EXTENSION	FAX	

IDR

DESCRIPTION <small>(13-22)</small>	QUANTITY	TOTAL COST <small>(62-71)</small>
FOR EACH ORDER (one item only) SUBMIT ONE ORIGINAL IDR AND TWO (2) COPIES		

PLEASE CHECK – Will order be:
 NEW REVISED SAME AS ATTACHED (No changes)
NOTE: Sample MUST be attached to all orders

COLLATE FOLD PERFORATE STAPLE

BIND/SPIRAL Color of Spiral: _____ BIND/PERFECT

DRILL TOP 2 HOLE 5 HOLE
 LEFT SIDE 3 HOLE 7 HOLE

CUT SIZE: _____

PAD 100 TO PAD 50 TO PAD CARBONLESS FAN APART SETS

WRAP/Per Pkg. _____

FOR PRINTING SERVICES USE ONLY:
PROOF SENT _____

TOTAL	
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Received By: _____ Date: _____

NO. IMPRESSIONS _____