



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		
		

<p>PLEASE CHECK – Will order be:</p> <p><input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS ATTACHED (No changes)</p> <p>NOTE: Sample MUST be attached to all orders</p> <p><input type="checkbox"/> COLLATE <input type="checkbox"/> FOLD <input type="checkbox"/> PERFORATE <input type="checkbox"/> STAPLE</p> <p><input type="checkbox"/> BIND/SPIRAL Color of Spiral: _____ <input type="checkbox"/> BIND/PERFECT</p> <p><input type="checkbox"/> DRILL <input type="checkbox"/> TOP <input type="checkbox"/> 2 HOLE <input type="checkbox"/> 5 HOLE <input type="checkbox"/> LEFT SIDE <input type="checkbox"/> 3 HOLE <input type="checkbox"/> 7 HOLE</p> <p><input type="checkbox"/> CUT SIZE: _____</p> <p><input type="checkbox"/> PAD <input type="checkbox"/> 100 TO PAD <input type="checkbox"/> 50 TO PAD <input type="checkbox"/> CARBONLESS FAN APART SETS</p> <p><input type="checkbox"/> WRAP/Per Pkg. _____</p> <p>FOR PRINTING SERVICES USE ONLY:</p> <p>PROOF SENT _____</p>	<p>TOTAL</p>
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<p>Received By: _____ Date: _____</p>	<p>NO. IMPRESSIONS</p>
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