

KSU INTERDEPARTMENTAL PURCHASE REQUISITION*

Contact Person _____ Phone Number _____

To _____ Dept. _____

Building _____ Room Number _____

Request for _____

Req. No. _____ 20 _____

Dept. to Bill _____

When wanted _____ Estimated Cost \$ _____

Paid _____ Actual Cost \$ _____

Facilities Cust. No. _____

***For Department Use Only**

DF-27

If you are placing a work order with Minor Repair, please click
this link to the [Minor Repair form](#).