

**KSU INTERDEPARTMENTAL PURCHASE REQUISITION\***

Contact Person \_\_\_\_\_ eID \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_ Dept. \_\_\_\_\_  
Building \_\_\_\_\_ Room Number \_\_\_\_\_  
Request for \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Req. No. \_\_\_\_\_ 20 \_\_\_\_\_  
Dept. to Bill \_\_\_\_\_  
When wanted \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_  
Paid \_\_\_\_\_ Actual Cost \$ \_\_\_\_\_  
FIS Account (Org-project-fund source to be charged) \_\_\_\_\_

**\*For Department Use Only**

*DF-27*

Email: [faccustomerservice@ksu.edu](mailto:faccustomerservice@ksu.edu) or Fax: 532-1711

If you are placing a work order, please click this link to fill out a [Service Request](#).