University of California, Berkeley	Document Number
INTERDEPARTMENTAL/INTERCAMPUS ORDER	

Originating Department	Requested by	Phone Ext	Date	Deliver To	Date Needed

Charge Approved By	Approval Signature	Phone Ext	Date	Delivery Address

DESCRIPTION OF GOODS OR SERVICES	Quantity	Rate	Total
		Total:	

Account(s) to be charged:

COA Field Length	1	5	5	5	2	6	5	10	10	
Name of ORG to be **charged**	BU	Account	Fund	Dept ID	Prog	Chartfield 1	Chartfield 2	SpeedType	Reference	Amount

For dept. use (**credit** or other reference)

Is this from another UC Campus?
If yes, please provide the following info:

NOTE: IOC cannot be processed without this information.

Department Name:	
Contact Name (First and Last Name):	
Phone (including Area Code):	
Email:	
Chartstring:	

Retention: Office of Record: 6 years subject to Contract & Grant Requirements. Other Copies: 1 year.

Updated: 9-8-2010