



Office of the University Controller
Florida State University

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** General Accounting Office Use Only

** JOURNAL ID

Interdepartmental Requisition and Journal Entry Form

DATE	DEPARTMENT NAME	SEND TO:	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Printing Services <input type="checkbox"/> Bookstore <input type="checkbox"/> Campus Services <input type="checkbox"/> Union Copy <input type="checkbox"/> Computer Store <input type="checkbox"/> User Services <input type="checkbox"/> Chemistry <input type="checkbox"/> Parking Service <input type="checkbox"/> Biology <input type="checkbox"/> Other (please specify)	(Date Received)
CONTACT	TELEPHONE NO.		(Job Number)
<input type="text"/>	<input type="text"/>		
APPROVED BY	APPROVER'S SIGNATURE		Re## [INVOICE]
<input type="text"/>	<input type="text"/>		
DATE REQUIRED	LOCATION FOR DELIVERY		
<input type="text"/>	<input type="text"/>	<input type="text"/>	

BUYING DEPARTMENT CHARTFIELDS

DEPT ID	FUND	PROJECT	CF1 (Optional)	CF2 (Optional)	CF2 (Optional)	RESRC TYPE	RESRC CAT	RESRC SUB-CAT	BUD REF	PC BU	ACT ID	RESRC ANL TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ALL PRICES ARE ESTIMATES UNTIL FINAL INVOICE

ITEM NO.	QUANTITY	DESCRIPTION OF ITEMS OR SERVICES REQUESTED	ACCOUNT	UNIT PRICE	EXTENDED PRICE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount					<input type="text"/>

Contracts and Grants (C&G) Approval	
Approved By: <input style="width: 90%;" type="text"/>	Date: <input style="width: 10%;" type="text"/>

SELLING DEPARTMENT CHARTFIELDS (For Selling Department Use Only)

DEPT ID	FUND	ACCOUNT	AMOUNT	CF1*	CF2	CF3
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Interdepartmental Requisition and Journal Entry (IDJE) Instructions for Completion

The **Interdepartmental Requisition and Journal Entry (IDJE)** is a dual purpose form that is used by Buying Departments, Selling Departments, and General Accounting.

Buying Department Instructions:

1. In the upper left-hand corner of the form, enter the **Date, Department, Name, Contact Person name and phone number, Date Required, and Location for Delivery.**
2. In the "Send To" section of the form (upper right-hand corner), check the appropriate box for the department providing the goods or services.
3. Have the person authorized to spend fill in the **Approved By and Signature** sections (upper left-hand corner).
4. Enter **Department ID (DEPT ID)** and **Fund** in the "Buying Department Chartfields" section of the form. If the fund entered begins with a "5" (ex 540) or "8" (ex 822), go to step #8.
5. Fill in Chartfields 1, 2, and 3 (**CF1, CF2, CF3**), if needed. (Optional)
6. In the body of the form, enter the **Quantity, Description, Account Number** and **Unit Price** of the goods or services being requested.
7. Send the completed form to the department providing the goods or services.
8. Enter the **Project** (6 digits if a Sponsored Project, 9 digits if a Construction Project) and Activity ID (**ACT ID**). If it is a Construction Project, fill in the Budget Reference (**BUD REF**) field.
9. Fill in Resource Type, Resource Category, and Resource Subcategory (**RESRC TYPE, RESRC CAT, RESRC SUB-CAT**) if needed. (Optional)
10. Go to step #5.

Note: If the amount of the requisition is \$1,000 or more, AND the Fund Code begins with a "5" (ex 540), the requisition MUST be approved by Sponsored Research. See the "Contracts and Grants (C&G) Approval" section of the form.