

Filling Out an IDR (Interdepartmental Requisition)

To Request Supplies or Services from another Department of the University

NOTE: Please press down hard as there are 5 parts of the IDR

NOTE: DO NOT USE IDR for Facilities, TUPD Detail Request or AV Services.

Facility and TUPD Requests will be put in by OCL, Office for Campus Life, on behalf of the student organization, following coming to a Friday Event Registration Meeting. Student Organizations may put in their own Tufts AV requests.

IDRs are used to pay OCL for Event Staff Services, Catering Services, Cohen and other Rental Services, plus other various departmental services.

- To: (Department Name):** This is the name of the department who will be providing the service. (*i.e. Dining, Catering, TUPD, Campus Life etc.*)
- Address: Campus Address of Department Providing the Service.**
Some Regularly Used Department Addresses:
 - *Event Staff, Campus Life, Mayer Campus Center
 - *Catering, 89 Curtis St.
 - *Dining, Dewick Dining Hall
 - *Cohen, Aidekman Arts Center
- From: (Department Name):** This is the name of your **student organization** who is requesting the service.
- Address: Campus Address of your student organization**
(*if you don't have a specific address you can just put Mayer Campus Center*)
- Contact Name:** Name of person from student organization responsible for this event and who can answer question about this IDR request.
- Ext.** Phone number of the Contact Name Above.
- Date Requested:** Today's Date, Date you are completing IDR.
- Date Required:** Date of the Event, Date service will be required.
- List services,** items, supplies, etc. needed. Please be specific and also in this section list specifics about exact time and location of event. Prices will be filled in by department providing service. If you need to know prices ahead of time contact department directly to get estimates. Also, feel free to attach diagrams or maps of set-ups to the IDR.
- Catering Events:** For any events involving orders from catering please complete this section in detail with all required information.
- Account:** University Account Number goes here. This is NOT your group's budget number. Leave blank if you don't know this and Treasury will complete.

Some regularly used Account Numbers:

*Event Staff, Campus Life (6001)

*Catering (6009)

*Miscellaneous (6001)

12. **DeptID:** This is your group's University 6 Digit Account Number, also known as your DeptID Number. If you don't know it leave it blank and the TCU Treasury will fill it in.
13. **Proj/Grant:** Leave Blank
14. **Debit Amount:** This is the cost of the service. Leave blank if you don't know it.
15. **Requesting Department Authorized Signature:** This must be signed by the TCU Treasury for all TCU Funded Groups. Other Non-TCU Funded groups must get this signed by a University Administrator (Group Advisor)
16. **Date Approved:** Date of Approval Signature

What Next:

Once all 16 sections have been completed TCU Treasury will take the back golden color copy. You as the group representative may want to make a copy of the IDR for your records. At least make sure you record the **IDR Number on the upper right corner**. The IDR is then sent to the department providing the service. Remember, all IDRs should be in no later than (2) two weeks prior to your event. If sooner, you may need to walk the IDR directly to the department and ask to speak to a manager so that you can be assured they can provide the service you are requesting.

The department providing the service, following the service, will complete their parts of the IDR, including filling in the final price. The IDR will then go to Accounting for processing. You will eventually see the amount debited from your group's account.

Questions:

Please contact the following offices to assist you with completing your IDR.

*Office for Campus Life, *Mayer Campus Center Main Floor*

*OCL Financial Office, *Mayer Campus Center 213*

*TCU Treasury Office, *Mayer Campus Center 215*

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TUFTS UNIVERSITY
Interdepartmental Requisition



To Request Supplies or Services from Another Department of the University

To:	Department Name ①	Address, Campus, Building, Room No. etc. ②		
	Department Name ③	Address, Campus, Building, Room No. etc. ④		
From:	Contact Name ⑤	⑥	Date Requested ⑦	Date Required ⑧

Quantity	List Items or Services Required	Unit Price	Cost
	⑨		
			TOTAL

For Requests Involving Catering Events

Location of Meeting/Event: _____

Date & Time of Function: _____ Number to be Served: _____

Purpose of Meeting/Event: _____

List Groups or Individual Attendees: _____

Justification (See Business Expense Policy): _____

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Account 6 6 6 ⑪	DeptID ⑫	Proj/Grant ⑬	Debit Amount ⑭
Account 6 6 6	DeptID	Proj/Grant	Credit Amount

REQUESTING DEPARTMENT (DEBIT)
 AUTHORIZED SIGNATURE _____ ⑮

SERVICING DEPARTMENT (CREDIT)
 AUTHORIZING SIGNATURE _____

DATE APPROVED: _____ ⑯

DATE COMPLETED: _____

Original Copy - Send to Accounting Dept. after Pricing
 Blue Copy - Retain in Servicing Dept. after Pricing
 Yellow Copy - Return to Requesting Dept. after Pricing
 Gold Copy - To be Retained by Requesting Department