

**INTER-DEPARTMENTAL REQUISITION  
AND  
CROSS-CHARGE FORM**

\*Date: \_\_\_\_\_

Quantity*	Item/Description* <b>DELL PRINT CARTRIDGES</b>	\$**
	<b>A920 – Black</b> (High Yield) @ \$28.00	
	<b>A920 – Color</b> (High Yield) @ \$31.00	
	<b>A922, 924, 942, 944 &amp; 962 – Black</b> (High Yield) @ \$29.00	
	<b>A922, 924, 942, 944 &amp; 962 - Color</b> (High Yield) @ \$34.00	
	<b>A940 – Black</b> (High Yield) @ \$31.00	
	<b>A940 – Color</b> (High Yield) @ \$36.00	
	<b>Laser 1700n</b> (6,000 cycles) @ \$90.00	
	<b>Laser 3100n</b> (9,000 cycles) @ \$45.00	
	<b>Laser 3100n</b> (8,000 cycles) color Yellow, Cyan, and Magenta, <b>ea.</b> @ \$95.00	
	<b>Laser 5100n</b> (9,000 cycles) @ \$50.00	
	<b>Laser 5100n</b> (8,000 cycles) color Yellow, Cyan, and Magenta, <b>ea.</b> @\$170.00	
	<b>Laser 5200n</b> (18,000 cycles) @\$189.00	
	<b>TOTAL</b>	<b>\$</b>

**Charge Total To:**

\*Requesting Dept/Cost Center Name \_\_\_\_\_ Account# \_\_\_\_\_

\*Authorized by “Requesting” Cost Center Manager Print Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Credit for:**

\*\*Providing Dept/Cost Center Name **Bus. Off. Dell Print Cartridge** Account# 1-00-0000-1602

\*\*Authorized by “Providing” Cost Center Manager Print Name Caroline Busch

Signed \_\_\_\_\_ Date \_\_\_\_\_

\* To be completed by Requesting Dept/Cost Center Budget Manager.

\*\* To be completed by Providing Dept/Cost Center Budget Manager.

**THIS FORM MUST BE SENT TO ITS FOR DELIVERY OR PICKUP OF CARTRIDGES**

**FOR ITS:** Form should be forwarded to Business Office within 3 days of transaction.