THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

Internal Order Form

DATE

FOR QUESTIONS CONCERNING THIS ORDER, CONTACT:

NAME UAB EXT.

BLDG. RM. NO. FAX #

DELIVER MERCHANDISE TO:

NAME UAB EXT.

BLDG. RM. NO. ZIP

DEBIT (DECREASE) ACCOUNT

GL String **%** **Debit Amount**

GA String **%** **Debit Amount**

CREDIT (INCREASE) ACCOUNT

GL String **%** **Credit Amount**

QUANTITY	DESCRIPTION	UNIT	TOTAL
		TOTAL	**$**

DEBIT ACCOUNT APPROVALS: (REQUIRED)

REQUESTED BY DATE

AUTHORIZED BY DATE

RECEIVED BY DATE

PS- 10.04
UAB Printing Services

WHITE COPY - YELLOW COPY -