UNIVERSITY OF ALABAMA AT BIRMINGHAM
INTERNAL REQUISITION

TO:

SOURCE OF SUPPLY

DATE

FOR QUESTIONS CONCERNING THIS REQUISITION, CONTACT:

NAME: UAB EXT.

BLDG. RM. NO. ZIP

DEPARTMENT

DEBIT (DECREASE) ACCOUNT

OBJECT % DEBIT AMOUNT ACCOUNTANT APPROVAL

$ $ $ $ 

CREDIT (INCREASE) ACCOUNT

OBJECT % CREDIT AMOUNT ACCOUNTANT APPROVAL

$ $ $ $ 

QUANTITY DESCRIPTION UNIT TOTAL

SAMPLE

DEBIT ACCOUNT APPROVALS:

REQUESTED BY DATE AUTHORIZED BY DATE

RECEIVED BY DATE ACCOUNTING APPROVAL DATE

FINANCIAL ACCOUNTING DIVISION COPY