

# Internal Order Form

DATE \_\_\_\_\_

FOR QUESTIONS CONCERNING THIS ORDER, CONTACT:

DELIVER MERCHANDISE TO:

NAME \_\_\_\_\_ UAB EXT. \_\_\_\_\_

NAME \_\_\_\_\_ UAB EXT. \_\_\_\_\_

BLDG. \_\_\_\_\_ RM. NO. \_\_\_\_\_ FAX # \_\_\_\_\_

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
<b>TOTAL</b>			<b>\$</b>

DEBIT ACCOUNT APPROVALS: (REQUIRED)

REQUESTED BY \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZED BY \_\_\_\_\_ DATE \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_