

Post Office Internal Order Form

DATE _____

DELIVER MERCHANDISE TO:

NAME	UAB EXT.
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BLDG.	RM. NO.	ZIP
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BLDG.	RM. NO.	ZIP
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GL String

Debit Amount

Debit Amount

A horizontal number line with vertical tick marks every 10 units, labeled from 0 to 100. Dots are placed at the following positions: 20, 30, 40, 70, and 80.

A horizontal number line with vertical tick marks every 10 units, labeled from 0 to 100. Dots are placed at the following positions: 20, 30, 40, 80, and 90.

QUANTITY	DESCRIPTION	UNIT	TOTAL
		TOTAL	\$

DEBIT ACCOUNT APPROVALS: (REQUIRED)

AUTHORIZED BY _____ DATE _____

DATE _____