

UA BookStores 1209 E. University Blvd. Tucson, AZ 85721-0019 520.621.8861

* All Shaded Areas Must Be Completed By Department

UA Department: Contact Name: Contact Email:			Contact Title: Contact Phone:							
ACC.	SUB ACCT.	OBJECT CODE	SUB CODE	PROJECT CODE	ORG REF ID	QTY	UNIT COST	EXTENDED AMOUNT	PRODUCT DESCRIPTION	
(Appropriate tax will be added at time of transaction)										
Total:								(Excluding Tax)		
Business Purpose:										
This form is being submitted to us in compliance with Financial Service Manual Section 9.10. Authorized funds are available in the account(s) specified above: Gift Cards are not allowable. The goods or services requested are for bona fide <u>business purposes</u> of the account charged. Any changes after the Fiscal Officer/Delegates approval will void this form. Listed Department Contact and Fiscal Officer must be different people.										
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Fiscal Officer/Delegate Name:										
Fiscal Officer/Delegate Email:										
Fiscal Officer/Delegate Signature:						Date:				
Total Maximum Amount (Excluding Sales Tax):										