



THE UNIVERSITY OF ARIZONA

BookStores

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

* All Shaded Areas Must Be Completed By Department

UA Department:	_____	Contact Title:	_____
Contact Name:	_____	Contact Phone:	_____
Contact Email:	_____		

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 business purposes 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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PLEASE RETAIN A COPY FOR YOUR FILES

Fiscal Officer/Delegate Name: _____

Fiscal Officer/Delegate Email: _____

Fiscal Officer/Delegate Signature: _____ Date: _____

Total Maximum Amount (Excluding Sales Tax): _____