NEUROSCIENCE

PURCHASING FORM (FY17-18)

| UAFin Doc #: | _ |
|---------------|---|
| PCard Trans # | _ |
| Req#/PO# | |

| Please fill out COMPLETELY. | | | | | Req#/PO# | | | |
|--|----------|---|---------|------------------------------|---------------|-------------|-----------|--|
| Ordered For Order Da | | | er Date | ; | | | | |
| PC | ARD P | URCHASES: | | | | | | |
| Cai | rdholde | r Name: | | | Phone # | | | |
| | | ced at Local Phone F | | | | | | |
| Not | tes/Inst | ructions- | | | | | | |
| | | | | | | | | |
| Vendor | | | | Phone | | | | |
| Address | | | | Fax | | | | |
| CityStateZip_ | | | | | | | | |
| | Quan | Detailed Description | | Price/Uni | t Total Price | Acct Number | Obj. Code | |
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| Chemical Purchase. This is a chemical purchase exempt from sales and use taxes as per ARS 42-5159 (A) (35) and ARS 42-5061 (A) (39). PCard Plus Purchase. Detailed Description must include: - Date & location of event - Specific description of what was purchased & the business purpose | | | rom | Subtot | | | | |
| | | | | Sales Ta | | | | |
| | | | | Shippir | | | 5560 | |
| | | | ! | Order Tot | al | | | |
| | | juired attachments: - Agenda/flyer/program | _ | | | | | |
| Participant list or sign-in sheet Itemized receipt w/breakdown of expenses, tax & tip | | | tip | Office Use Only Rec'd in Ofc | | | | |
| Bill to/Ship to: | | | | Trailered Date | | | | |
| University of Arizona Dept of Neuroscience | | | | Completed Date | | | | |
| 1040 F 4th St GS RM 611 | | | | | | | | |

Tucson AZ 85721

Approval Date