

The University of Arizona

INTERDEPARTMENTAL BILLING FORM

DATE:

REQUISITION

INVOICE

CREDIT

- | | | | |
|-----------------------------------|---------------------------------|---------------------------------------|--------------------------------|
| Analytical Center (ACT) | Facilities Mgmt Campus (PRC) | Motor Pool (GAR) | Staff Training (TRN) |
| Arizona Research Labs (ARL) | Library Services (LIB) | Optical Sciences (OPS) | Stores (STR) |
| Arizona Student Media (PUB) | Lunar & Planetary Labs (LPL) | Park Bookstore (PBK) | Student Union (SUN) |
| Biomedical Communications (BIO) | Mailroom Services (MRM) | Parking & Transportation (PAR) | Surplus Property. (SUR) |
| Chemistry Shops (CSH) | Main Bookstore (CBK) | Printing Services (PRN) | Telecommunications (TEL) |
| Chemistry Stores (CST) | Medical Bookstore (MBK) | Radiation Safety (RAD) | University Animal Care (UAC) |
| Computer Center (CCT) | Medical Library Photocopy (MLP) | | Univ Rsch Instrument Ctr (INS) |
| Planning Design & Construct (FDC) | Medline (MLM) | Other Miscellaneous Unit (MIS): _____ | |

CUSTOMER DEPARTMENT
CONTACT PERSON
PHONE
TITLE

TO BE PICKED UP

DELIVER TO:

NAME	PHONE
BUILDING/ ROOM	

Received by: _____

1	ACCOUNT	OBJECT CODE	Ref #1 (IDB Use)	QUAN.	UOM	UNIT COST	AMOUNT	SUMMARY DESCRIPTION (MAX 20 CHARACTERS) <i>(Provide detailed descriptions below)</i>
2								
3								
4								
5								
6								
7								
8								
9								
10								
TOTAL								

ADDITIONAL DESCRIPTION/COMMENTS:

Authorized funds are available in the account(s) specified above.
The goods or services requested are for bona fide business purposes of the account charged.

PLEASE USE COLORED INK SO THAT ORIGINALS CAN BE DISTINGUISHED FROM COPIES

AUTH DEPT.	NAME/TITLE	SIGN	DATE	If the account you are using starts with a 3 or 4, complete the following for each account.	
				Account	End Date
COL/ DIV.	NAME/TITLE	SIGN	DATE		
P.I.	NAME/TITLE	SIGN	DATE		
FUND ACCT	NAME/TITLE	SIGN	DATE		
FOR IDB UNIT USE ONLY					
MISCELLANEOUS UNITS-SERVICING UNIT:			ACCOUNT	OBJECT CODE	CREDIT
CONTACT PERSON		PHONE			
Session Ref	Session Date				