

UNIVERSITY OF CENTRAL ARKANSAS SUPPLIES AND SERVICES REQUISITION

Approval # _____

Requisitioning Department _____

Order Date _____

Justification of Purchase _____

Department to be Charged
Chair/Head _____
Signature _____

Department to be Credited
Chair/Head _____
Signature _____

Account to be Charged

INDEX Number	Account Code

Account to be Credited

INDEX Number	Account Code

TO _____

Please supply the items or services listed below

Quantity	Description	Unit Price	Amount
TOTAL AMOUNT			

ROUTING: Please complete all requested information and route for signatures. **Department to be Credited** should send one completed and signed copy to the Financial Accounting Department, Suite 113, Wingo Hall.