

Internal Order Form

DATE _____

FOR QUESTIONS CONCERNING THIS ORDER, CONTACT:

DELIVER MERCHANDISE TO:

NAME _____ UAB EXT. _____

NAME _____ UAB EXT. _____

BLDG. _____ RM. NO. _____ FAX # _____

BLDG. _____ RM. NO. _____ ZIP _____

DEBIT (DECREASE) ACCOUNT
GL String

																								%	Debit Amount
																								<input type="text"/>	<input type="text"/>
																								<input type="text"/>	<input type="text"/>
																								<input type="text"/>	<input type="text"/>

GA String % Debit Amount

																								<input type="text"/>	<input type="text"/>
																								<input type="text"/>	<input type="text"/>
																								<input type="text"/>	<input type="text"/>

CREDIT (INCREASE) ACCOUNT
GL String

																								%	Credit Amount
																								<input type="text"/>	<input type="text"/>
																								<input type="text"/>	<input type="text"/>
																								<input type="text"/>	<input type="text"/>

QUANTITY	DESCRIPTION	UNIT	TOTAL
		TOTAL	\$

DEBIT ACCOUNT APPROVALS: (REQUIRED)

REQUESTED BY _____ DATE _____

AUTHORIZED BY _____ DATE _____

RECEIVED BY _____ DATE _____