THE UNIVERSITY OF ALABAMA CHEMISTRY DEPARTMENT PURCHASING CARD VOUCHER

DATE

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PC#

END USER:_____

QUANTITY	UANTITY			COST	
ORDERED	DESCRIPT	ION	UNIT	TOTAL	
VENDOR NAME ADDRESS CITY, ST, ZIP		ACCOUNT NUMBER(S) TO BE CHARGED	SHIP/HLDG TOTAL		
			L	1	
PHONE# FAX#					
APPROVAL					
REQUESTE	D BY	DEAN			
DEPARTMENT HEAD					