

# MBB & NSCS

## PURCHASING FORM (FY19-20)

Please fill out COMPLETELY.

UAFin Doc #: _____
PCard Trans # _____
Req#/PO# _____

Ordered For \_\_\_\_\_ Order Date \_\_\_\_\_

### PCARD PURCHASES:

Cardholder Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Order Placed at  Local  Phone  Fax  Email  Website  PO

Notes/Instructions-

Vendor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact \_\_\_\_\_

Quan	Detailed Description	Price/Unit	Total Price	Acct Number	Obj. Code

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

Required attachments:  
 - Agenda/flyer/program  
 - Participant list or sign-in sheet  
 - Itemized receipt w/breakdown of expenses, tax & tip

Subtotal		
Sales Tax		
Shipping		5560
<b>Order Total</b>		

### Bill to/Ship to:

University of Arizona  
 School of Mind, Brain & Behavior  
 1040 E 4th St GS RM 611  
 Tucson AZ 85721

<b>Office Use Only</b>
Rec'd in Ofc _____
Trailer Date _____
Completed Date _____
Approval Date _____

**PLEASE CLIP ALL RECEIPTS OR ATTACHMENTS TO THIS FORM.**