

NEUROSCIENCE

PURCHASING FORM (FY16-17)

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

Please fill out COMPLETELY.

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
Order Total		

Bill to/Ship to:
 University of Arizona
 Dept of Neuroscience
 1040 E 4th St GS RM 611
 Tucson AZ 85721

Office Use Only
Rec'd in Ofc _____
Trailer'd Date _____
Completed Date _____
Approval Date _____

PLEASE PAPERCLIP ALL RECEIPTS OR ATTACHMENTS TO THIS FORM.