

DEPT NEUROSCIENCE Business Office

Purchasing Form (FY 23)

Order Info / Business Purpose / Notes

UA Fin. Doc#

Req# / PO#

Purchase Info

Order Date*

Ordered By*

Ordered For*

Vendor*

Address

City, ST*

Contact

Phone*

Email/Website

PCard Plus Purchase. Detailed Description must include: Date/location of event, Specific description of what was purchased & business purpose. **Required attachments:** Agenda/flyer/program, Participant list or Sign- in sheet, Itemized receipt with breakdown of expenses,taxes and tip.

| QTY | Detailed Description | Price/Unit | Total Price | Account / Sub - Proj | Obj Code |
|-----|----------------------|------------|-------------|----------------------|----------|
|-----|----------------------|------------|-------------|----------------------|----------|

GIDP

NSCS

MBB

Tax Exempt

(Restrictions apply)

Subtotal

Sales Tax

Ship/Frt Only

Ship/Handling

TOTAL

Bill To/Ship To: University of Arizona, Neuroscience,
1040 E 4th ST GS 611, Tucson AZ 85721

Please submit all support documents to business office.