

# DEPT NEUROSCIENCE Business Office

## Purchasing Form (FY 22)

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
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**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.**