Print Form

					PROJECT

Manufactured or Assembled by:

DEPARTMENT NAME	PHYSICAL PLANT	OTHER (SPECIFY)

Contact Information:

CONTACT NAME (TYPED)	CONTACT PHONE NUMBER	CONTACT MAIL POINT

Accountable Officer Authorization:

_____ _____ _____

ACCOUNTABLE OFFICER NAME (Print or Type) DATE ACCOUNTABLE OFFICER SIGNATURE

PO#	DESCRIPTION OF EXPENSE ITEM	ACQ DATE	ACQ COST	EXPENSE ACCT	QTY
		TOTAL COST			