

# Internal Order Form

DATE \_\_\_\_\_

FOR QUESTIONS CONCERNING THIS ORDER, CONTACT:

DELIVER MERCHANDISE TO:

NAME \_\_\_\_\_ UAB EXT. \_\_\_\_\_

NAME \_\_\_\_\_ UAB EXT. \_\_\_\_\_

BLDG. \_\_\_\_\_ RM. NO. \_\_\_\_\_ FAX # \_\_\_\_\_

BLDG. \_\_\_\_\_ RM. NO. \_\_\_\_\_ ZIP \_\_\_\_\_

**DEBIT (DECREASE) ACCOUNT**

GL String	%	Debit Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**GA String**

% Debit Amount

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**CREDIT (INCREASE) ACCOUNT**

GL String	%	Credit Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

QUANTITY	DESCRIPTION	UNIT	TOTAL
<b>TOTAL</b>			<b>\$</b>

DEBIT ACCOUNT APPROVALS: (REQUIRED)

REQUESTED BY \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZED BY \_\_\_\_\_ DATE \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_