Print

Purchase Card Voucher
The University of Alabama Department of Biological Sciences

Date: _____ PC# _____

End User: _____ ____ Check if Urgent/Rush Order

Radiation control #: _____ ____ Check if COI Chemical(s) Order

Quantity	Catalog #	Description	Cost Unit	Total
		Shipping/handling		
		Total		

Vendor name _____

Address _____

City, St, Zip _____

Phone # _____

Fax # _____

Fund(s) to be charged: _____

If for class list BSC # _____

Requested by _____ PI Approval _____