

Date Requested _____ Date Received _____ Document Reference _____

Credited Department	Address	Mail Code
Charged Department	Address	Mail Code

Delivery Address	Bldg. No.
Contact Information	Phone - -

Qty. Req.	Qty. Issued	Qty. B.O.	Catalog No./Description	Unit Price	Amount
TOTAL					

UIUC Buying Departments: Check one of following for items bought from Campus Stores Computer Center with project or federal funds.
 Item(s) \$25,000 or greater – Attach completed Justification for Sole Source Purchases with project or federal funds.
 Item(s) < \$25,000: Published/Catalog Prices Vendor Communication Other (describe basis for determination below):

Charge:

Ch.	Fund	Org	Account	Program	Activity	Location	Encumbrance #	Amount
TOTAL								

Credit:

Ch.	Fund	Org	Account	Program	Activity	Location	Encumbrance #	Amount
TOTAL								

REQUESTED BY:	APPROVED BY*:	RECEIVED BY:
Printed:	Printed:	Printed:
Signature:	Signature:	Signature:

*By signing here, I certify that there is an unencumbered balance available for these expenditures and that this transaction otherwise complies with university policy, including the requirement to avoid purchasing unnecessary items using federal funds.