

UNIVERSITY OF ARKANSAS AT PINE BLUFF

Req.#

	NOT FOR DEPARTMENT	
	(1) Department	
	(2) Funds Available Yes ____ No ____	
	Checked By	
	(3) Comments	
Tax ID or Soc. Sec. #	_____	
	(Required)	
Ethnicity	_____	
	(Required for all individuals)	
		(2&3 for Fund Check use)
		OVERRIDE APPROVAL:

Requester:	EX:	Budget Officer
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QUANTITY	UNIT	DESCRIPTION	UNIT PRICE

VICE CHANCELLOR: _____
(Required for consulting services, and purchases over \$2500.00)

06/01/09/DI



MENTAL USE

10 _____

Date _____

EXT. TOTAL