Print Form

Technical Services/Intra-Invoice

UNIVERSITY of ARKANSAS AT PINE BLUFF

Technical Services
1200 North University
Pine Bluff, AR 71601
Phone: 870-575-4773
Fax: 870-575-4735
www.uapb.edu

Date: _____

Account Name: _____

Account No: _____ **OBJ. CODE:** _____

Building: _____ **Room No:** _____

Phone Extension: _____

Requestor: _____

Budget Officer: _____

_____
Budget Officer Signature

Upon completion of the form, please print and the budget officer must sign.
Fax the form to 870-575-4735 or email: tsrequest@uapb.edu

Line Item	Description	Quantity	Unit Price	Amount
			Sub-total	
			Grand Total	

Comments:

FOR OFFICE USE

Account Number	Date Received	Date sent to Controller	Post to Account #