



TRACKING NUMBER:

REQUEST DATE:

REQUESTING PERSON/DIVISION/CONTACT INFO:

FOR PROCUREMENT USE ONLY

Received By	Solicitation Type
Assigned To	Date Assigned

DIVISION UNIT	REQUISITION ACTION REQUESTED

ESTIMATED AMOUNT:	NO. OF ATTACHMENTS:

Item No.	Comm. Code	Description	Qty. Requested	Unit	Estimated Unit Price / Contract Amount	Estimated Line Total
1						
2						
3						
4						
5						
					ESTIMATED TOTAL	

BILL TO (IRIS CODE):	SHIP TO (IRIS CODE):	DO NOT EXCEED AMOUNT
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GRANT FUNDS USED? If selecting YES, include any grant and/or federal assurance/provision requirements that needs to be met

Requested Delivery / Start Date: **ARE FEDERAL FUNDS INVOLVED?**

Additional Billing Information:

Accounting

Item No. Above	Event Type	ACCTG. Template	Line Amount	BFY / FY	FUND	APPR Unit	Object/Sub Object	Location	Activity	Program	PPC	Other

APPROVAL / CERTIFYING

REQUESTER NAME AND TITLE (Print Name & Title)	REQUESTER'S SIGNATURE	TELEPHONE NUMBER
PROCUREMENT OFFICER APPROVAL (Print & Title)	PROCUREMENT OFFICER SIGNATURE	DATE
CERTIFICATION: I certify that the facts herein and on supporting documents are correct, that this voucher constitutes a legal charge against funds and appropriations cited, that sufficient funds are encumbered to pay this obligation, or that there is a sufficient unencumbered balance in the appropriation cited to cover this obligation. I am aware that certifying false, inaccurate or misleading documents constitutes an unsworn falsification under AS 11.56.210.		
CERTIFYING OFFICER'S PRINTED NAME	CERTIFYING OFFICER'S SIGNATURE	DATE