



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: NUMBER OF ATTACHED DOCUMENTS:

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

BILL TO (IRIS CODE):

SHIP TO (IRIS CODE):

TOTAL PAGE 1

NOT TO EXCEED AMOUNT

GRANT FUNDS USED? If selecting YES, include any grant and/or federal assurance/provision requirements that needs to be met

FEDERAL FUNDS USED? OMB approval required for this funding source? (If required, attach approval)

Requested Delivery / Start Date: OIT/IRB approval required? (If required, attach approval)

Additional Billing Information:

Accounting

Item No. Above	Line Amount	Unit	FUND	APPR Unit	Object/Sub Object	ACCTG. Template	BFY / FY	Location	Activity	Program	Program Period

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



Item No.	Comm. Code	Description	Qty. Requested	Unit	Estimated Unit Price / Contract Amount	Estimated Line Total
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

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