

**THE UNIVERSITY OF TEXAS AT DALLAS
CENTRAL STORES REQUISITION**

EXHIBIT F4
081737

DATE _____

ACCOUNT NUMBER _____

ACCT NO.	ACCT CODE	COST SHARING	%
-			
-			
-			

DEPARTMENT _____

ACCT NO. CREDITED _____

ACCT NO.	ACCT CODE

DELIVER TO: BUILDING _____ ROOM NO. _____ MAIL STA. _____ TEL. EXT. _____

**DO NOT PUT IN PRICING
DO NOT WRITE IN SHADED AREAS
FORM MUST BE TYPED**

	CATALOG NUMBER	UNIT OF ISSUE	AMOUNT ORDERED	AMT ISSUED	DESCRIPTION	UNIT COST	COST
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
					TOTAL		

REQUESTED BY _____

ISSUED BY _____

APPROVED SIGNATURE _____

PRINT NAME _____

RECEIVED BY _____

DATE _____