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UNIVERSITY OF ALBERTA

AFNS STORES REQUISITION

VENDOR:
NAME:
ADDRESS:
PHONE:

REQUISITIONER
NAME:
ROOM:
PHONE:
E-MAIL:

QUANTITY	CATALOGUE #	UNIT	DESCRIPTION

Payment Details
Speedcode:
Account holder:
Authorizing Signature:

Req rcd:

Order pcd:

Order rcd:

Recipent notified

AFNS Invoice #