

# USA BOOKSTORE

Telephone 460-7016  
Health Sciences 460-7314

Fax 460-7551  
Fax 460-7317

### AUTHORITY TO PURCHASE

*FOAPAL String (FOA Required only if Purchasing Card is not used)*

Fund	Organization	Account	Program [Bus Off se]	Activity [Optional]	Location [Optional]

Building \_\_\_\_\_ Room \_\_\_\_\_ Department \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Date \_\_\_\_\_

Department Head Signature \_\_\_\_\_

**Purchases cannot exceed \$1,500.00 in a single day**

Quantity	Item, Manufacturer, and Stock Number	Price	Total

**TOTAL**