

**University of South Alabama Library**  
**Library Photocopying/Printing**

Circulation Dept. Telephone: 460-7028 Fax: 460-6884
---

<b>AUTHORIZATION TO PURCHASE</b>
----------------------------------

Transfer funds from: [FOAP required]				
Fund	Organization	Account	Program	
Account No.			718300	
[IC Photocopy Service]				

DIVISION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NO: \_\_\_\_\_ LOCATION \_\_\_\_\_

AUTHORIZED  
SIGNATURE \_\_\_\_\_

DATE	NAME	# OF PAGES	COST
<b>TOTAL</b>			

TRANSFER TOTAL AMOUNT OF FUNDS TO:

ACCOUNT NO:	143519	350100	718300	4410
-------------	--------	--------	--------	------

[IC Photocopy Service]

UNIVERSITY LIBRARY  
 Circulation Dept.  
 Library Photocopy account  
 ATTN: Angie Logan

Completion Date: _____	Orig sent to Lib. Acc. Office _____	Copy sent to Dept: _____
------------------------	-------------------------------------	--------------------------