

Supplied To: \_\_\_\_\_

JE: \_\_\_\_\_

Department: \_\_\_\_\_

JE Date: \_\_\_\_\_

Address: \_\_\_\_\_

PTS Invoice Number: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Goods and Services Provided: \_\_\_\_\_

**UMB SOAPF:**

UMMS COST CENTER

Object	Source	ORG	Activity	Purpose	Function	Future	Interfund	Amount (\$)
	295	06502000	000000	00380401	860		00	

**Object Description:**

**TOTAL:** \_\_\_\_\_

GRAND: 0821  
 PEARL: 0822  
 PRATT: 0828  
 PLAZA: 0832  
 SARATOGA: 0833  
 PENN: 0844

\_\_\_\_\_  
 Approved for Payment

\_\_\_\_\_  
 Approved for Supplying Department