



**University of Alberta**  
**Interdepartmental C**  
 (INDENT) For Internal UofA C

Insert the the numeric values for year, month, and day services are being requested.  
 (ex: January 1, 2019 → 11910111011)

H	L	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Will Pick up    JOB \_\_\_\_\_    WO \_\_\_\_\_

Deliver to the attention of: PICK –UP AT HISTOLOGY LAB  
 Campus Address:  
**REQUESTOR - CAMPUS ADDRESS**  
**REQUESTOR - LAB PH#**

To Supplier: HISTOLOGY LAB  
6-107 Katz Centre for Health Research  
University Of Alberta

ORDER DATE	CONTACT NAME	ORIGINATING UNIT/DEPARTMENT/TRUST	E-MAIL ADDRESS	PHONE
DATE	REQUESTOR NAME	REQUESTOR DEPT	REQUESTOR EMAIL	#

LINE	QTY	CNT	DESCRIPTION	UNIT PRICE	AMOUNT		ACCOUNT CHARTFIELD					
1			Details as per attached request form			Dr	5	0	2	1	0	1
2						Dr						
3						Dr						
4						Dr						
5						Dr						
6						Dr						
<b>ACCOUNTING DATE:</b>												
						<b>TOTAL DUE</b>	<b>Total amount</b>	Cr				

The total amount will be completed by the histologist.

**Accounting Distribution:**

LINE #	SPEEDCODE	OR	FUND	DEPTID	PROGRAM	CLASS	PROJECT/GRANT
Line							
Description							
Line							
Description							
Line							
Description							
Line							
Description							
Line							
Description							

Insert speedcode to be charged

CREDIT	SPEEDCODE	OR	FUND	DEPTID	PROGRAM	CLASS	PROJECT/GRANT
	Z M 9 8 8						

<b>AUTHORIZED BY:</b>		<b>E-MAIL ADDRESS</b>	<b>PHONE</b>
<b>PI (OR DELEGATE) FIRST &amp; LAST NAME</b>	<b>PI (or delegate) SIGN HERE</b>	<b>PI (or delegate) EMAIL</b>	<b>PI (or delegate) PH #</b>
NAME: Please Print	Signature		
<b>INTERNAL CONTROL APPROVAL:</b>		<b>E-MAIL ADDRESS</b>	<b>PHONE</b>
NAME: Please Print	Signature		
Journal ID /Source: (supplier)	<b>Delivered by (signature)</b>	<b>Received by (signature)</b>	
	<b>HISTOLOGIST SIGNATURE</b> (once completed)	<b>REQUESTOR SIGNATURE</b> (after service)	