			DATE:					CLAIM JACKET			
Oklahoma	Vendor Name:						NO:				
State	FEI/SS#										
University	Address:						1099				
Claim											
Jacket											
	Vendor No.										
	CORE ID							Amour	nt		
								Alloui	<u></u>	_	
				University Accounting Use:							
		State Fund	State Agency	State Account	FY						
						Banner	Banner	Banner	State Object		
Date		Description				Chart	Fund Code	Account	Code	F	
		<del>-</del>									
SUBMITTED BY (NAME AND EXT)  DAT			DATE	S -   FOR ACCOUNTING USE:							
REQUESTED	O - HEAD OF DEPARTMEN	NT	DATE								
RECOMMEN	DED - DEAN OR ADMIN C	OFFICER	DATE	-							
APPROVED - PURCHASING DEPARTMENT			DATE	APPROVED - CON	TROLLEI	R'S OFFICE	DATE				

DATE

APPROVED - CONTRACTS & GRANTS (WHEN REQUIRED)