

Animal Care Services Internal Sales Delivery Authorization Form

Centre for Comparative Medicine | 4145 Wesbrook Mall, Vancouver, BC V6T 1W5

Email completed form to acs.finance@ubc.ca

This form authorizes internal sales activities. Please complete the form, scan, and email to acs.finance@ubc.ca.

BILLING CONTACT INFORMATION	
Name:	Position:
Phone:	Email:
Signing authority name:	

TRANSACTION INFORMATION	
Type of request:	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/> One time
Fiscal year:	Start date:
Workday Program/Grant/Project/Gift*:	
Workday Cost Center*:	
Additional worktags:	

*Use the [Foundation Data Model \(FDM\) Translation Tool](#) to determine your translated Workday Worktags based on a PeopleSoft value such as Speedchart or PG.

LIST OF AUTHORIZED USERS		
Name	CWL	Email

AGREEMENT	
By signing this form, I certify I am the Budget Owner for the Program/Grant/Project/Gift/Cost Center noted above and authorize UBC Animal Care Services to charge the Cost Center for the following types of purchases: animals, per diems, sundries, and animal research related costs.	
Signature:	
Name:	Date: