



OFFICE OF LOGISTICS MANAGEMENT (MLM)

Supply Transfer Voucher – LM-14

Reference #TV:

This voucher is to be used by UConn Health (UCH) departments only for entering charges against other departments of UCH.

Submit Form: **You must complete this Form On-Line. Hand written Forms will be rejected.**
 Mail, Fax or PDF the entire package to: Fax: 679-1964 or Mail to: MC 6170

Prepared By:		Phone #:		Date:	
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Physician (if applicable):		Phone #:	
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Department Head:		Phone #:	
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Patient (if applicable):		T #:	
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Catalog or Reference #	Lot Number	Quantity (ea)	Description	Unit Price	Total Amount

Department Charged:

Coding:	FY		Fund		Org		Program		Account	
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Authorized Signature:	Date:
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Written Name:

Department Credited:

Coding:	FY		Fund		Org		Program		Account	
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Authorized Signature:	Date:
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Written Name:

Authorized OLM Signature:	Date:
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Written Name: