

You Must  
Complete  
Forms On-Line.  
Hand Written  
Forms will be  
Rejected!



OFFICE MATERIALS & LOGISTICS MANAGEMENT (MLM)

Supply Transfer Voucher ~ MM-14

This voucher is to be used by UCHC departments only for entering charges against other departments of UCHC.					
Prepared By:			Date:		Phone #:
Physician (if applicable):				Phone #:	
Department Head:				Phone #:	
Patient Name (if applicable):			Patient Number - T #:		
Department Charged:					
Ledger	Account	Sub Code	Description		Reference #
Authorized Department Signature:				Date:	
Department Credited:					
Ledger	Account	Sub Code	Description		Reference #
Authorized Department Signature:				Date:	
Catalog or Reference Number	Lot Number	Quantity in Each	Description	Unit Price	Amount
Authorized Materials Management Signature:				Date:	