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Genomics
Facility

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CONSUMABLE ORDER FORM

Name: _____ Ext. _____ Date: _____
 Approved by: _____ Ext. _____ Signature (required): _____

Billing Information *GL Coding (26 digits)*

Fund (3)	Unit (6)	Grant (6)	Project (6)	Object (5)
				64041

QUANTITY	DESCRIPTION	COST	Facility Use
TOTAL			