DALHOUSIE UNIVERSITY

Casino Taxi Chit Application

DEPARTMENT INFORMATION

Department Name

Contact Person
First Name **Initial** **Last Name**

Department Delivery Address

City **Province** **Postal Code**

H A L I F A X N S B 3 H 4 R 2

Business Phone

(902)

Email Address

Employee Signature **Date**

AUTHORIZATION

Grant/Research/Department Account # **Approving Supervisor Name** **Title**

8 5 0 0

Supervisor's Signature **Date**

FAX OR EMAIL COMPLETED APPLICATIONS TO THE PROCUREMENT DEPARTMENT
Email: procurement@dal.ca or Fax: (902) 494-1534

PROCUREMENT AUTHORIZATION

Approved By (Name/Signature): **Date**

Print Form