

Complete 1-6, then take to ITST office; staff will assign a PO #, and return to you to place order. Complete items 7-9, then return to ITST staff for receiving. Please fill in all unshaded areas. Do not alter form layout.

P.O. # _____
 Account # _____

Billing Address: University of California Accounting: SAASB 3201 Santa Barbara, CA 93106	Shipping Address: UNIVERSITY OF CALIF SANTA BARBARA ITST BLDG 937, ROOM 1000 SANTA BARBARA, CA 93106
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1) Order Info: | Date of Request: _____
 Supplies (>2500 requires high value PO)
 Equipment (>2500 requires high value PO)
 Equipment Repair
 Property # (for repair only) _____

2) Your Recharge # _____
 Fabrication Number _____

3) Your Information:
 Name: _____
 Email: _____
 Phone: _____
 PI's Name: _____

4) Vendor Information:
 Name: _____
 Address: _____
 Phone: _____ Fax: _____
 Salesperson: _____

5) Signature (PI's needed if Order is > \$500):

QTY	Unit	Description	Catalog Number	Unit Price	Total	Delivery Date:	# Received:

7) Order Info:
 Date Placed: _____
 Placed By: _____
 Order or Confirmation # : _____
 Delivery Date: _____

8) Subtotal: _____
 Surcharge: _____
 Shipping: _____
 8% Tax: _____
Total: _____

9) Shipping Info:
 UPS Ground
 UPS Blue
 UPS Red (PI Approval Needed)
 Fed Ex Overnight (PI Approval Needed)
 Other (explain): _____

Official Use Only:	Liened: _____ Posted: _____
INV Date:	
INV #:	
Payment Date:	
Invoice Amount:	
Tax:if applicable	
Freight:if applicable	