**UNIVERSITY OF CALIFORNIA, SAN FRANCISCO**

# DEPARTMENTAL EQUIPMENT PURCHASE ORDER

(R10/00) 71000-025 / 46574

| **VENDOR** |
|---|
| Name |
| Address |
| City |
| Attention |
| Phone/Fax # |

**Date** _____

**P.O. No.** _____ **E** _____

**Required:**

(NCA) (Fund) (DPA) (Prog Code) (FYR)

| **SHIP TO: UNIVERSITY OF CALIFORNIA, San Francisco** |
|---|
| Dept., Room |
| Attention |
| Address |
| City |

P.O. number must be marked on each package, shipping receipt, and invoice.
Seller shall accept payment only by University of California check.

**INVOICE IN DUPLICATE TO:**

UCSF Accounting Office
UCSF Box 0812
San Francisco, CA 94143-0812
(415) 476-2126

Ordered by: _____
(Department Name)

P.O. No. _____

**COST DISTRIBUTION**

Documentation supporting cost distribution must be maintained by ordering department for 5 years.

| **F.O.B.** | **SHIP VIA** | **PRICED BY** | **TERMS** | If box is checked, purchase is sales tax exempt. Permit no. SYBH19-154365 |
|---|---|---|---|---|
| | | | | |

| QTY | UNIT | DESCRIPTION (Include manufacturer name, model number) | CATALOG # | UNIT COST | TOTAL COST |
|---|---|---|---|---|---|
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| | | | | **Sales Tax** | |
| | | | | **Freight** | |
| | | | | **TOTAL** | |

If the invoiced price will exceed the total indicated on this order, do not ship without prior approval from the University. *If this material cannot be shipped immediately, please advise a definite delivery date.*

**This order must be at least $1,500.00 in item unit price and may not exceed a total of $2,500.00 including sales tax excluding freight.**

Dept. Custody Code (Required) _____

Dept Order Contact _____ Box _____ Ext. _____

Dept. Invoice Contact _____ Box _____ Ext. _____

I certify that the item(s) listed above are a necessary purchase and that existing equipment is not available or suitable for sharing to the best of my knowledge.

Authorized Signature _____ Print Name _____ Date _____

Additional Approval (if required) _____ Print Name _____ Date _____

**NOTE: AUTHORIZED ORIGINAL OF THIS FORM MUST BE SENT TO: CAPITAL ACCOUNTING, BOX 0812**