UNIVERSITY OF CALIFORNIA, SAN FRANCISCO PURCHASE REQUISITION
THIS IS NOT A PURCHASE ORDER

UP 10B-2 (R3/98) 71455-277/333816

Reference Number		Suggested vendor: Name, address, phone and fax #				
Dept. No.	Ext.	DEPARTMENTAL CONTACTS				
Req. Date	Date Needed	Send Confirming Order	Name		Campus Box #	Campus Phone
Cost Not To Exceed $	Custody Code	Technical Information Contact Same as Confirmation Copy or:	Name		Campus Box #	Campus Phone
Requisitioner's e-mail		Departmental Invoice Contact Same as Confirmation Copy or:	Name		Campus Box #	Campus Phone
Fax #		SHADED AREAS FOR	DELIVER TO:	Name	Phone	
			Address:			
			Dept. Name:		Budget Contact No. (If Applicable)	

	NCA	FUND	DPA	PROG. Code	FUND Yr.	%
A						
B						
C						

F.O.B.	SHIP BY	PRICE BY: (Vendor representative)	TERMS-From

QUANTITY	DESCRIPTION		CATALOG NO.			

Requisition attachments:		DELIVERY SHALL BE MADE
Specifications	Sole Source	
Vendor Quote(s)	Other rtyu	

Initials of Origniator:

I Certify that equipment items listed above are a necessary purchase, and existing equipment is not available or suitable for sharing to the best of my knowledge.

#d by	Dispatched

DEPARTMENT ADMINISTRATIVE APPROVAL	ADMINISTRATVIE APPROVAL - FOR MATERIEL MANAGEMENT
1	BUYER
2	OTHER ADMINISTRATIVE APPROVAL
3	OTHER ADMINISTRATIVE APPROVAL

RETENTION:

Purchasing: 5 years subject to contract and grants requirements (Equipment & Facilities)

2 years subject to contract and grant requirements (Supplies & Expenses)

Accounting: 5 years subject to contract and grant requirements
Other Copies: 0-5 years