U N I V E R S I T Y O F C A L I F O R N I A , S A N F R A N C I S C O

REQUEST FOR DELIVERY
PURCHASE ORDER RELEASE

Date: _____

Purchase Order No: — — — — — — — — — — — —
(Speedchart) (Dept Ref #)

TO: (Vendor Information)

_____

_____

_____

(Attention) _____

MAIL INVOICE IN DUPLICATE TO:

University of California
Accounting Office, UCSF Box 0812
San Francisco, CA 94143-0812

PLEASE SHIP TO:

University of California, San Francisco

(Attn) _____

(Dept.) _____

(Address/Room) _____

(City) _____ (State) _____ (Zip) _____

(PO#) _____

Chartfields ***(Complete only for liened P.O.)***				
NCA (6)	Fund (5)	DPA (6)	Prog. (5)	F Yr. (2)

Purchase Order number must be marked on each package, shipping receipt, and invoice

QUANTITY	**DESCIRPTION:** Name, size, grade, color, and catalog number	UNIT COST	TOTAL COST
	PLEASE NOTE:		
	If the cost of this material will exceed the total indicated on this order, do not ship without prior approval from the University. Also, if this material cannot be shipped immediately, please advise definite delivery date.	**NOT TO EXCEED:**	
	If there are any questions, please call _____ (Dept. Contact)		
	(Dept. Telephone Number) _____		

California Sales Tax Applicable ☐ *YES* ☐ *NO* Permit No. SYBH19-154365

Priced by: _____

F.O.B.: _____

Terms: _____

_____
Authorized Signature