Social Sciences Purchase Order Request Form

Date:			—— Doc Num	ber:	:			
Department:			Project (Project Code:				
Perso	on Requ	esting O	rder: KFS A	KFS Acct:			Old UC Acct/Fund:	
Princ	ipal Inve	estigator:	Accou	Account Mgr. Approval:				
Office/Room:			Phor	ne:				
Suggested Vendor: Address:			F1101	Phone:				
Date	Wanted	:	Shipping Instructions:					
***	URGEN	VT ***	All packing slips must be submitted to the F	Purch	nasing Office	Immedia	tely!!!	
Detailed Justification of Purchase:								
Qty	Unit of Issue		Item and Description		Part, Model, or Catalog #	Unit Price	Total Cost	
						Subtotal		
Authorization Signature:						Tax		
X Date:						Shipping		
						Total		
Purchasing Office Only: Delivery Details: Confirmation#:								