PHYSICS DEPARTMENT PURCHASE REQUEST

ALL PERTINENT DATA MUST BE FILLED OUT COMPLETELY

|  |
| --- |
| **Instructions for filling out this form:** This document contains protected form fields. No modifications are allowed except in areas which are to be filled out. When moving the mouse over this document, there should normally be an arrow. When the mouse is over a field to be completed, an **I** beam will appear.  **Instructions for transmitting form:** Save this form after completing, and send via e-mail attachment to pos@physics.ucsb.edu. |

Date:      Required Date:

Please expedite

(see shipping options)

Type of order:

Supplies

Equipment – room #

Component part of fab.

Add-on, repair or replacement

UC #

S/N:

Must have property # for add-ons, repairs or replacements

of UC inventorial equipment.

Shipping:

Normal shipping

Rush! will pay extra:

Over night air

2 day air

P.O. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actual vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget name: ­­­

Acct #

Ordered by:       Ext.:

Vendor Info:

Address:

Phone #

Fax #

Salesperson:

Contacted?  Firm, exact quote?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Qty | Unit | Description | Catalog # | Est. $/unit | Actual $/unit | Total $ |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |

Requestor comments:

     

Purchasing comments:

Date placed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sales: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subtotal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shipping: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Placed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­