

University of California Santa Barbara

REQUEST FOR DELIVERY

CONFIRMING ORDER? YES NO

PURCHASE AUTHORIZATION NUMBER

____ - _____ - _____

PLEASE SHOW THE ABOVE NUMBER
ON ALL DOCUMENTS AND CONTAINERS

ISSUED TO:

DELIVER TO:

Dept:

Address:

UNIVERSITY OF CALIFORNIA
Santa Barbara, CA 93106

ZIP+4 / MAIL CODE

INVOICE IN DUPLICATE:

ACCOUNTS PAYABLE
UNIVERSITY OF CALIFORNIA
SANTA BARBARA, CA 93106-2040

Vendor contact _____ Phone _____ FAX _____

F.O.B.	<input type="checkbox"/> UCSB (DESTINATION)	<input type="checkbox"/> FREIGHT ALLOWED	SHIP	PRICE	TERMS <input type="checkbox"/> 2% 30
	<input type="checkbox"/> SHIPPING POINT	<input type="checkbox"/> FREIGHT ADDED	VIA	BY	<input type="checkbox"/> N/30 <input type="checkbox"/> _____

PLEASE DELIVER THE MATERIALS OR SERVICES LISTED BELOW, AT PRICES QUOTED BY VENDOR.

QUANTITY	DESCRIPTION	ITEM #	UNIT PRICE	TOTAL COST

SUBTOTAL _____
 LESS DISCOUNT _____
 SALES TAX _____
TOTAL _____

ORDERING DEPT. USE ONLY

AUTHORIZED SIGNER DATE

DEPARTMENT PHONE FAX

- ORIGINAL TO VENDOR

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• DEPARTMENT COPY