COMPUTER SCIENCE DEPARTMENT

VENDOR INFORMATION

NAME _____

ADDRESS _____

_____

CITY _____ STATE _____

ZIP CODE _____

PHONE NO. _____

FAX NUMBER _____

REIMBURSE OR DELIVER TO

NAME _____

FACULTY/STUDENT ID# _____

EMAIL _____

DELIVER TO

ROOM # _____

420 Westwood Blvd.
Los Angeles, CA 90095-1596

PROFESSOR'S SIGNATURE _____

JUSTIFICATION FOR PURCHASE

OFFICE USE ONLY

PAC #: _____

ORDERED BY: _____

LOC	ACCOUNT	CC	FUND	PROJECT	SUB	OBJECT	REFERENCE
4							
4							
4							

QTY	CATALOG NO.	DESCRIPTION	UNIT COST	TOTAL COST

Sub Total _____

Sales Tax _____

Shipping _____

TOTAL