



PURCHASE REQUEST

Computer Science Department



VENDOR				REQUESTED BY		
Name				Name		Date
Address				E-mail		
City		State		Room	Lab Phone	
Phone		Fax		PI Name		
Contact person				Authorizing Signature		
DELIVER TO				GRANT FUNDS (Must complete Name or Recharge)		
Room #		c/o		Project Name		
420 Westwood Blvd., Los Angeles, CA 90095-1596				Recharge ID		
Required Delivery Date				DEPT. FUNDS (Must complete Course # if for a class)		
JUSTIFICATION FOR PURCHASE				Course #:		
				Project:		
OFFICE USE ONLY						
LOC	ACCOUNT	CC	FUND	PROJECT	SUB	OBJECT
4						
4						
4						
Detailed quote attached ?						
yes no						
Qty	Unit	Catalog #		Description		Amount

BEFORE placing order BE SURE TO contact vendor for a detailed quote that includes sales tax and shipping (if applicable).

ALL ORDERS MUST HAVE: UCLA as "Ship To" address AND
 Clear justification detailing why the item is needed, purpose of use, how item relates to class/research work, and location of use.

Sub-total	
Tax	
Shipping / Handling	
TOTAL	