



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) Project Name Recharge ID DEPT. FUNDS (Must complete Course # if for a class) Course #: Project:		
Room #		c/o				
420 Westwood Blvd., Los Angeles, CA 90095-1596						
Required Delivery Date						
JUSTIFICATION FOR PURCHASE						
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	