

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

REQUEST FOR DELIVERY PURCHASE ORDER RELEASE

Date: _____

Purchase Order No: _____
(Speedchart) (Dept Ref #)

MAIL INVOICE IN DUPLICATE TO:

TO: (Vendor Information)

 (Attention) _____

University of California
 Accounting Office, UCSF Box 0812
 San Francisco, CA 94143-0812

PLEASE SHIP TO:

University of California, San Francisco

(Attn) _____
 (Dept.) _____
 (Address/Room) _____
 (City) _____ (State) _____ (Zip) _____
 (PO#) _____

Chartfields (Complete only for liened P.O.)				
NCA (6)	Fund (5)	DPA (6)	Prog. (5)	F Yr. (2)

Purchase Order number must be marked on each package, shipping receipt, and invoice

QUANTITY	DESCRIPTION: Name, size, grade, color, and catalog number	UNIT COST	TOTAL COST
<p>PLEASE NOTE:</p> <p>If the cost of this material will exceed the total indicated on this order, do not ship without prior approval from the University. Also, if this material cannot be shipped immediately, please advise definite delivery date.</p> <p style="text-align: right;">NOT TO EXCEED: _____</p> <p>If there are any questions, please call _____ (Dept. Contact)</p> <p>(Dept. Telephone Number)</p>			

California Sales Tax Applicable YES NO

Permit No. SYBH19-154365

Priced by: _____
F.O.B.: _____
Terms: _____

 Authorized Signature