



FINANCIAL CLUSTER (ME/NE/IEOR)

PURCHASE ORDER/VENDOR PAYMENT REQUEST

Please select one: IEOB Dept CET/IEOB

Please select one: PO Request (PO will be sent to the vendor)
 Vendor Payment Request (Goods/services already received)

Requester's Last Name, First: _____

Work Phone: _____

Requester's E-Mail Address: _____

Ship-To Address: _____

Requester Signature: _____

Authorizing Signature & Date: _____

Authorizing Name _____

VENDOR INFORMATION

If Payee is an Employee or Student, please provide their EMP ID (EID) or Student ID (SID)

Payee/Vendor Name:		Payee's EID/SID (if applicable)	
E-Mail Address:	Phone #:	Invoice/Quote#	

UCB Central Purchasing Requirements

Additional set-up time will be needed for new UC vendors. Please attach quotes to orders (if available). Items over \$4,999 require additional handling time in Central Purchasing for a Requisition Order set-up. Requisitions over \$5,000 should include a Sole Source Justification and a Formal Quote from the Vendor. Sole Source Justification Form is available at: <http://www.erso.berkeley.edu/erso/sites/default/files/uploads/SourceSelectionjustificationPriceReasonableness.pdf>

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|---------------------------------------|--|--|---|-----------------------------------|
| <input type="checkbox"/> Lab Supplies | <input type="checkbox"/> Office Supplies | <input type="checkbox"/> Computer Supplies | <input type="checkbox"/> Course Materials | <input type="checkbox"/> Software |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Services | <input type="checkbox"/> Furniture | <input type="checkbox"/> Other : _____ | |

Business Purpose:
(required)

Comments:

Stock #	Description	Quantity	Unit Price	Total Amount

Subtotal:

Subtotal from Attachment (if Applicable):

Subtotal of Entire Order:

Tax (please modify rate if necessary): 9.00%

Shipping/Freight/Service Charges:

Total:

Fund Name or #	Org ID	Program	Project	Flexfield	Amount

