

UNIVERSITY OF CALIFORNIA
SPACE SCIENCES LABORATORY
PURCHASE REQUEST



| | |
|-------------------|-------------|
| ORDER CONTROL NO. | |
| DATE REQUESTED | DATE WANTED |

| |
|---------------------|
| SSL CONTROL NUMBER |
| PURCHASE ORDER TYPE |

| | | | | | | | |
|---------------------|---------------|------------------------------|-------------------------------|---------|-----------------------------------|---------|-----------|
| Contract/Grant Name | QuickKey Name | BFS Account | Fund | OrgCode | Program | Project | FlexField |
| P.I. Name | | P.I. Authorization Signature | | | Fabrication Number | | |
| Requested By | | Phone No. | Purchasing Approval Signature | | Administrative Approval Signature | | |

| LINE ITEM NO. | QUANTITY | DETAILED DESCRIPTION OF ITEM (Include Catalog/Part No. Where Applicable) | UNIT PRICE | LINE ITEM PRICE |
|--|----------|---|------------|-----------------|
| <div style="text-align: right; margin-top: 10px;">Total # Request Pages: _____</div> | | | | |

Delivery Address:
 University of California
 Space Sciences Laboratory - Rm. 170
 Centennial at Grizzly Peak Blvd.
 Berkeley, CA 94720-7450
 Attn:
 Order No:

| | |
|---------------|-----------|
| Subtotal: | |
| Sales Tax: | (@ _____) |
| Shipping: | |
| TOTAL: | |

| |
|----------------------|
| Special Instructions |
| |
| |
| |

Ordered by:
 Vendor Name:
 Phone:
 Contact:
 Date Delivery Due:

| | | |
|-----------------------|--------------|--------------------|
| Suggested Vendor | | |
| Name: _____ | | |
| Address: _____ | | |
| City: _____ | State: _____ | Postal Code: _____ |
| Vendor Contact: _____ | | Phone: _____ |

Do not write in shaded areas - for Purchasing use only