

**PURCHASING CARD REQUEST FORM**

PI Last Name \_\_\_\_\_

DATE: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

<b>ORDER NUMBER</b>		
<u>DEPT</u>	<u>CLASS</u>	<u>SEQ #</u>
0287		
0288		

IS THIS A TECHNOLOGY PURCHASE: Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, email this form to boyer@gseis.ucla.edu)

IS VENDOR A FOREIGN VENDOR: Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, cannot proceed. Foreign vendors restricted for P-Card use)

<p>VENDOR/PAYEE NAME:</p> <p>ADDRESS:</p> <p>VENDOR EMAIL ADDRESS:</p> <p><b>ATTACH QUOTE OR INVOICE TO FORM BEFORE SENDING FOR SIGNATURES</b></p>	<p><b>BILL TO</b>          INVOICE IN DUPLICATE TO: UNIVERSITY OF CALIFORNIA          Accounts Payable          UCLA Business and Finance          10920 Wilshire Boulevard, Fifth Floor          Los Angeles, CA 90024-6502</p> <p><b>SHIP TO</b>          _____          Center X ATTN:          457 PORTOLA PLAZA          Los Angeles, CA 90095-1619</p>
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LOC	ACCOUNT	CC	FUND	PROJECT	SOURCE	SUB	OBJECT
4							

*\*For multiple FAUs please reference in justification box*

Catalog/Item #	Quantity	Unit of Measure	Description	Unit Price	Price
Requested Delivery Date:				Estimated Freight:	
				Tax (if applicable):	
			<b>USING A GRANT FOR PAYMENT - IS THIS EXPENSE ALLOWABLE?</b>	Total (Page 1 and 2):	

<p><b><u>Business Justification</u></b> (please provide details)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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\_\_\_\_\_  
 REQUESTER NAME (PRINT NAME)                      REQUESTER'S SIGNATURE                      DATE

\_\_\_\_\_  
 DIRECTOR NAME (PRINT NAME)                      DIRECTOR'S SIGNATURE                      DATE

\_\_\_\_\_  
 P-CARD ADMIN REVIEWER & APPROVAL                      P-CARD ADMIN'S SIGNATURE                      DATE  
 (PRINT NAME)

**SEND COMPLETED FORM THROUGH DOCU-SIGN  
FOR SIGNATURES & APPROVAL**

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Additional Items (Page 2)

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<u>DEPT</u>	<u>CLASS</u>	<u>SEQ #</u>
0287		
0288		

Catalog/Item #	Quantity	Unit	Description	Unit Price	Price
				Total for PAGE 2 ONLY:	