**REQUEST FOR DELIVERY**

**PURCHASE AUTHORIZATION NUMBER**

Please show the above number on all documents and containers.

**ISSUED TO:**

________________________________________

________________________________________

________________________________________

**INVOICE TO:** UNIVERSITY OF CALIFORNIA  
ACCOUNTING OFFICE  
SANTA BARBARA, CA. 93106

**DELIVER TO:**

________________________________________

________________________________________

________________________________________

UNIVERSITY OF CALIFORNIA  
ECE DEPARTMENT  
SANTA BARBARA, CA. 93106

**F.O.B.**

- UCSB (DESTINATION)
- SHIPPING POINT
- **FREIGHT ALLOWED**
- **FREIGHT ADDED**

**SHIP VIA**

**PRICE BY**

**TERMS**

- X N/30
- 2% 30

Please deliver the material or services listed below, at prices quoted by vendor or as provided under our agreement number ________________

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<tr>
<th>QUANTITY</th>
<th>UNIT</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>TOTAL COST</th>
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**ACCOUNT INFORMATION / AUTHORIZATION**

(* at least one of the following account designations required with authorized signature before a LVPA# can be assigned)

* PI / ACCOUNT NAME

* ACCOUNT NUMBER  * PROJECT CODE

Authorized Signature: ___________________________  Phone Number: ___________________________

Requested by (Print): ___________________________  Phone: ___________________________

Email: ___________________________  Date: July 11, 2011

Subtotal: $__________  7.75% Tax: $__________  Shipping: $__________  Total: $__________