

**UNIVERSITY OF CALIFORNIA**  
SANTA BARBARA, CA. 93106

PURCHASE  
AUTHORIZATION NUMBER



**REQUEST FOR DELIVERY**

CONFIRMING ORDER  YES  NO

PLEASE SHOW THE ABOVE NUMBER ON ALL DOCUMENTS AND CONTAINERS.

ISSUED TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DELIVER TO:

**UNIVERSITY OF CALIFORNIA**  
**ECE DEPARTMENT**  
**SANTA BARBARA, CA. 93106**

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

<b>F.O.B.</b>	<input type="checkbox"/> UCSB (DESTINATION)	<input type="checkbox"/> FREIGHT ALLOWED	SHIP VIA	PRICE BY	TERMS <input type="checkbox"/> 2% 30
	<input type="checkbox"/> SHIPPING POINT	<input type="checkbox"/> FREIGHT ADDED			<input checked="" type="checkbox"/> N/30 <input type="checkbox"/> _____

PLEASE DELIVER THE MATERIAL OR SERVICES LISTED BELOW, AT PRICES QUOTED BY VENDOR OR AS PROVIDED UNDER OUR AGREEMENT NUMBER \_\_\_\_\_

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL COST

SUBTOTAL \$ \_\_\_\_\_  
7.75% TAX \$ \_\_\_\_\_  
SHIPPING \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

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

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\* PI / ACCOUNT NAME \_\_\_\_\_

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\* ACCOUNT NUMBER \_\_\_\_\_ \* PROJECT CODE \_\_\_\_\_

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AUTHORIZED SIGNATURE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

REQUESTED BY (PRINT) \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

ECE \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ July 11, 2011 \_\_\_\_\_ DATE