



Associated Students Administration Office
 University of California - UCen Rm# 2537
 Santa Barbara, California 93106-6081
 Phone - 893-3374 • Fax - 893-7734

REQUISITION 2018-2019

For assistance in completing this form, see reverse side and/or contact:

A.S. FINANCE & BUSINESS COMMITTEE
 UCEN RM# 1523A, EXT. 2566

PAYABLE TO
AS Recycling

STREET ADDRESS

CITY, STATE & ZIP CODE PHONE

DATE REQUESTED MM/DD/YY

NAME OF ACCOUNT
YOUR ORG

ACCT. NO. ### CATEGORY NO. #### EVENT#

P.O.# (FOR OFFICE USE ONLY)

Purchase Order Paper Paperless
 Check (see instructions below)
 Journal Entry Cash Advance
 Bookstore Fast Access Card

FOR CHECK, MUST SELECT ONE:

To be mailed
 To be picked up by: _____
FIRST AND LAST NAME

Checks are generally available within five working days at the A.S. Cashiers & Ticket Office

OFFICE USE ONLY

INVOICE# _____

VENDOR# _____

1099

YES NO

contract attached

*** PURCHASE ORDER INSTRUCTIONS *** (Include fax number or email below if you want the P.O. # faxed or emailed)

QUANTITY	DESCRIPTION (WHO, WHAT, WHERE, WHEN, WHY)	UNIT PRICE	AMOUNT
	Event: <u>Your Event</u> Date: <u>M/D/Y</u>		
<u>3</u>	<u>Bins</u>	<u>\$5</u>	<u>\$15</u>
<u>2</u>	<u>Labor</u>	<u>\$13.25</u>	<u>\$26.50</u>
<u>1</u>	<u>Sustainability Deposit</u>	<u>\$15</u>	<u>\$15</u>

Passed by _____ on _____
NAME OF A.S. GROUP DATE OF MEETING

••••• TWO AUTHORIZED SIGNATURES •••••

A PERSON CANNOT SIGN A REQUISITION MADE PAYABLE TO HIM/HERSELF

1) Person #1
 PRINTED NAME SIGNATURE

PHONE # (required) E-MAIL (required) DATE

2) Person #2
 PRINTED NAME SIGNATURE

PHONE # (required) E-MAIL (required) DATE

SUBTOTAL	
SHIPPING & HANDLING	
SALES TAX	
TOTAL PRICE	<u>\$56.50</u>

OFFICE USE ONLY

Logged by: _____

AP/AR: _____

Financial Officer: _____

DEPARTMENTAL AUTHORIZATION _____