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|  | DAFIS DOCUMENT **#: 01-** |
| **VENDOR**  | FOR OFFICE USE ONLY |
|  | **PO #** |  3-  |
| **Company Name** | **Phone in** |  | **by** |  |
| **Street Address** | **Priced by** |  |
| **City**   **State** **Zip** | **Order Ref.#** |  |
| **Phone** |  | **Ship Date** |  |
| **Check if Control Substance □** | **Est. Del. Date** |  | **Ship Via:**  |
| **Check if you will pick up merchandise** ❑ | **Requested by** |  | **ID #** |  |
| **Check if radioactive ❑** | **RUA #** |  | **Phone #** |  | **Date** |  |
| ***You will receive a copy of this form as your acknowledgement******\*\* Please return your PACKING SLIPS to the Business Office.*** | **Authorized by** |  | **Need by** |  |

**❑ SECURITY REVIEW REQUIRED FOR ALL TECHNOLOGY ORDERS** Check this box if order contains any software, computers or devices (smartphones, printers, tablets, USB flash drives, etc), hosted services, or requires a network connection. This includes orders for lab equipment with quotes including a computer and/or software, hosted services, or any devices requiring network connection. If yes, then before processing this order will be reviewed by Food Chain IT to make sure all systems and devices are capable of compliance with the UC-wide IS-3 security policy.

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| PLEASE USE INK AND PRINT LEGIBLY |
| **QTY** | **UNIT** | **CATALOG NO.** | **MSDS** | **DESCRIPTION** | **B. O.** | **COST** |
| **UNIT** | **TOTAL** |
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|  |  |  |  |  | **Subtotal** |  |
|  |  |  |  |  | **Discount/ Fees** |  |
|  |  |  | **Tax** |  |
|  |  |  | **Freight** |  |
|  |  |  | **TOTAL** |  |