

PURCHASE ORDER REQUEST

DAFIS DOCUMENT #: 01-

VENDOR

Company Name		
Street Address		
City	State	Zip
Phone _____		

FOR OFFICE USE ONLY	
PO #	3-
Phone in _____	by _____
Priced by _____	
Order Ref.# _____	
Ship Date _____	Ship Via:
Est. Del. Date _____	

Check if Control Substance

Check if you will pick up merchandise

Check if radioactive RUA # _____

*You will receive a copy of this form as your acknowledgement
 ** Please return your PACKING SLIPS to the Business Office.*

Requested by _____ ID # _____

Phone # _____ Date _____

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.

PLEASE USE INK AND PRINT LEGIBLY

QTY	UNIT	CATALOG NO.	MSDS	DESCRIPTION	B. O.	COST	
						UNIT	TOTAL

Subtotal	
Discount/ Fees	
Tax	
Freight	
TOTAL	