

Environmental Health Sciences Order Form

Vendor Information	
Name	_____
Address	_____
City	_____ State _____
Zip	_____ ATTN _____
Phone	_____ Fax _____

Business Office Use Only
Date Ordered: _____
PO# _____

Requestor and Delivery Information	
Date Requested	_____ Need By: _____
Requestor	_____ PI _____
Room/Bldg #	_____ Phone _____
	_____ Recharge ID _____
FAU#	_____
Acct	CC
Fund	Project
Source	

Ship To
UCLA Medical Receiving Division
650 Charles E. Young Dr South
Los Angeles, CA 90095

Bill To
UCLA- Accounts Payable
10920 Wilshire Blvd.
Los Angeles, CA 90024

Ln #	Qty.	Unit/Size	Catalogue #	Description	Unit Price	Actual Price
1						
2						
3						
4						
5						
6						
7						
8						
9						
				Handling & Shipping		

Signature of Principal Investigator _____	Subtotal	_____
Department Approval: _____	Date: _____	Tax _____
	TOTAL	_____

Business Justification
<p>Note: If you are charging a grant in the last 90 days of the expiration date, your justification must detail why the purchase wasn't made prior to the 90 days and how your research will benefit from making this purchase</p>

All sections in blue must be completed, incomplete information will result in a delay in processing