

**BUSINESS OPERATIONS CENTER - DAVIS**

**PURCHASING REQUEST**

Email: bocd@ucanr.edu

|   |                |                 |             |
|---|----------------|-----------------|-------------|
| Business Purpose<br>(Mandatory)                 |                |                 |             |
|   |                |                 |             |
| Deliver To:                                     | Telephone#:    |                 |             |
| Building:                                       |                |                 |             |
| Address: PO Box must be accompanied by a street |                |                 |             |
| City, State, Zip:                               |                |                 |             |
| Suggested Vendor:                               |                |                 |             |
| Address   |                |                 |             |
| City, State, Zip                                |                |                 |             |
| Phone/FAX                                       |                |                 | Event date: |
| Vendor Contact:                                 | Contact Tel #: | Event location: |             |
| Vendor Email<br>(Mandatory)                     |                |                 |             |

| Quantity   | Catalog Number | Description | Unit Price   | Total Price |
|--|----------------|-------------|--------------|-------------|
|  |                |             |              | \$ -        |
|  |                |             |              | \$ -        |
|  |                |             |              | \$ -        |
|  |                |             |              | \$ -        |
|  |                |             |              | \$ -        |
|  |                |             |              | \$ -        |
|  |                |             |              | \$ -        |
|  |                |             |              | \$ -        |
| Please provide any notes or special instructions in the box below. |                |             | Sub-Total    | \$ -        |
|  |                |             | 8.25% Tax    | \$0.00      |
|  |                |             | Shipping     | \$ -        |
|  |                |             | <b>TOTAL</b> | <b>\$ -</b> |

Account Number: \_\_\_\_\_ DaFIS Org Code \_\_\_\_\_ Amount: \$ -

Account Number: \_\_\_\_\_ DaFIS Org Code \_\_\_\_\_ Amount: \$ -

Submitted By: \_\_\_\_\_ Requestor                      Approved: \_\_\_\_\_ Budgetary Approval

Requestor's email: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Requestor's phone #: \_\_\_\_\_

Date: \_\_\_\_\_

| ANR BOC-D USE ONLY |  |
|--------------------|--|
| DV DOC#:           |  |
| REQ DOC#:          |  |
| APO/PO#:           |  |
| PMNT REQ DOC#:     |  |
| PCARD DOC#:        |  |