

DEPARTMENT OF EARTH & SPACE SCIENCES
DEPARTMENT REQUISITION FORM

LOC	ACCOUNT	CC	FUND	PROJECT	SUB	OBJECT	SOURCE	AMOUNT

FUND MANAGER APPROVAL:

<p align="center">VENDOR</p> <p>NAME: _____</p> <p>STREET: _____</p> <p>CITY, STATE: _____ ZIP: _____</p> <p>PHONE NO.: _____ ATTN.: _____</p> <p>FAX NO.: _____</p>	<p>P.O. NO. _____</p> <p>SHIP TO ATTN. OF: _____</p> <p align="center">UCLA, DEPT. OF EARTH & SPACE SCIENCES 595 CHARLES E. YOUNG DR. EAST 3806 GEOLOGY BLDG. LOS ANGELES, CA 90095-1567</p> <p>WILL SHIP: _____ VIA: _____</p> <p>DATE ORDERED: _____</p>
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<p align="center">REQUESTED BY:</p> <p>NAME.: _____ DATE.: _____</p> <p>ROOM NO.: _____ PHONE: _____</p> <p>GRANT or I.D. NO.: _____</p> <p><input type="checkbox"/> CLASS #: _____</p> <p><input type="checkbox"/> RESEARCH <input type="checkbox"/> SERVICES</p> <p>DATE NEEDED: _____</p>	<table border="1"> <tr> <td>POSTED</td> <td>NO. 1</td> <td>NO. 2</td> <td>NO. 3</td> </tr> <tr> <td>RECEIVED</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>INVOICE DATE</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>INVOICE NUMBER</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>DATE PROCESSED</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>NET</td> <td> </td> <td> </td> <td> </td> </tr> </table>	POSTED	NO. 1	NO. 2	NO. 3	RECEIVED				INVOICE DATE				INVOICE NUMBER				DATE PROCESSED				NET			
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NET																									

REMARKS: _____

Qty.	Unit	Cat. #	Description	Back Order	Unit Cost	Total Cost
			TOTAL			

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			TOTAL			