University of California, Irvine

Internal Requisition

Fill out online S Print S Retain with purchase documentation

Reference No.

Date

Vendor Information

Name

Address

City State Zip

Phone Fax

Delivery Address

Name

Address

City State Zip

Phone

Item No.	Qty.	Unit	Description	Unit Cost	Total
					0.00
					0.00
					0.00
				Sub Total	0.00
				S & H (if any)	
				8.75% Sales Tax	0.00
				ORDER TOTAL	0.00

Notes:

Requested by Buyer Sales Rep

Order Date Delivery Date

P.O. No. PALCard

Account/fund/sub/object - - -

Signature