

• **USE SEPARATE FORM FOR EACH VENDOR/PAYEE**

For totals over \$1500, pre-approval may be required.**

Vendor / Payee:

UC Employee Yes No

Dept. Code

PO:

(SHADED AREAS FOR BRC USE ONLY)

Check if portion will be recharged and attach BRC Recharge Form

Requestor: _____ EXT: _____ Originating Department _____ Date _____

Person(s) to be copied on the BruinBuy order: Name _____ UCOP Email UCOP Email _____ Phone Phone _____

Business Justification of this expense:

Account	Fund	Project	Sub	Object	Source	%
M-		-				
M-		-				

(Attach separate sheet if additional FAU is needed)

• **CHECK ONE CATEGORY ONLY.**

Request for Vendor Payment (e.g. FedEx, Arrowhead, Verizon, Publications & Subscriptions, etc.)

Description of Services:

Conference & Events - Vendor Payment Request Only (includes Business Entertainment)

Host Name (Printed): _____ Date _____	<input type="checkbox"/> Alcohol Served Purchase of alcohol may not be permissible under certain funds.	Required Attachments <input type="checkbox"/> Attendee List <input type="checkbox"/> Agenda <input type="checkbox"/> Original Invoices <input type="checkbox"/> Recharge form when applicable
Host Signature: _____		
Description: <input type="text"/>		

Supply/Equipment Orders (Attach separate sheet if additional space is needed)

1.	2.	3.	4.	5.	Complete Description of Items (color, size, etc.)		Qty/UOM	Catalog #	Pg#	Price	Ship to Address: Unless otherwise noted below shipment will go directly to requestor.
					You may attach your department supply order form and reference 'see attached' below.						

Approving Authority Statement: I approve this commitment of department funds for the stated University purpose. I certify that it is an appropriate use for the fund source and that the transaction complies with University policy.

Approving Authority Signature: _____ Print Name: _____ Date _____

TOTAL \$ _____

LINKS: [Acquisition of Goods or Services Instruction Sheet](#)
[EVP Business Operations Pre-approval form for purchases over \\$1500 **](#)