

**CALIFORNIA INSTITUTE FOR TELECOMMUNICATIONS &
INFORMATION TECHNOLOGY
4006 CALIT2 UC IRVINE, CA 92697-2800
PURCHASE REQUISITION**

Vendor Name & Address		KFS ACCOUNT	ORG REF ID	Amount
Phone:		Date Req.:	Date Wanted:	
Fax:		Spoke To:		
Name:			Signature:	
Ship To: University of California, Irvine 4100 CALIT2 Irvine, CA 92697-2800		Low Value P.O.#		PALCARD
		High Value P.O.#		BOOKSTORE
		Recurring P.O.#		RECHARGE
Attn.:		Ship By:	Faxed:	

(name, room, phone)

**VENDOR TO SHOW OUR ORDER NUMBER ON BOTH INVOICE AND PACKAGES AND MAIL INVOICE TO:
UNIVERSITY OF CALIFORNIA, IRVINE, ACCOUNTING DEPARTMENT, IRVINE, CALIFORNIA 92697-1050**

Item No.	Qty.	Unit of Measure	Catalogue #	Description	Unit Price	Extension
1						\$
2						\$
3						\$
4						\$
5						\$
6						\$
7						\$
8						\$
9						\$
10						\$
11						\$
12						\$
13						\$
14						\$
15						\$
NOTES:					Sub-Total:	\$
					Shipping:	\$
					Sales Tax @ :	\$
					P.O. Total:	

Dept. Approval: _____
Financial Manager, Calit2 Suite 4006