

FINANCIAL CLUSTER PURCHASE ORDER/VENDOR PAYMENT REQUEST

05/20/18

*Please submit purchase request electronically via [Bearbuy](#) or [ERSO's intranet system](#).
Please contact financialcluster@me.berkeley.edu for submission instructions*

Please provide a copy of the signed packing slip/receipt or acknowledge receipt of items/services with the Shipping and Receiving office in room 2120 Etchevery Hall and/or add a BearBuy comment on the PO.

Please select one: **ME Dept** **Jacobs Institute/ME** **NE Dept**

Please select one: **PO Request (Please include a Quote. PO will be sent to the vendor)**
 Vendor Payment Request (Goods/services already received. A completed [After The Fact Justification form](#) must be included)

Does this request require pre-payment/deposit? No Yes Include 1) invoice from vendor for deposit, and 2) memo accepting vendor's payment terms and any financial risks associated with the terms)

Requester's Last Name, First: _____ Work Phone: _____
Requester's E-Mail Address: _____ Ship-To Address: _____
Requester Signature: _____
Authorizing Signature & Date: _____ Authorizing Name _____

VENDOR INFORMATION

Payee/Vendor Name:		Vendor ID # (if known):	
E-Mail Address:	Phone #:	Invoice/Quote#	

UCB Central Purchasing Requirements

Please attach quotes/screenshots to orders. For qualified equipment, complete the [CA Partial Exemption Certificate](#). Additional processing time will be needed for Independent Contractors and new UC vendors. Requisitions between 10K and 100K requires 3 equivalent quotes OR [Sole Source Justification](#) (see [guidelines](#)). Orders over 100K require a Campus Buyer to seek [competitive bidding](#).

- Lab Supplies Office Supplies Computer Supplies Course Materials Software Services
 Equipment Furniture Conference Registration Fees Other : _____

Detailed Business Purpose: (required)

Comments (if any):

Stock #	Description	Quantity	Unit Price	Total Amount

Subtotal:

Subtotal from Attachment (if Applicable):

Subtotal of Entire Order:

Tax (please modify rate if necessary):

Shipping/Freight/Service Charges:

Total:

Fund Name or #	Org ID	Program	Project	Flexfield	Amount

