

FINANCIAL CLUSTER PURCHASE ORDER/VENDOR PAYMENT REQUEST

11/1/2019

*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 Etcheverry Hall

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 [ATF](#) must be included except for page charges, lodging, membership, & printing)

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

