



FINANCIAL CLUSTER (ME/NE/IEOR) PURCHASE ORDER/VENDOR PAYMENT REQUEST

Please submit reimbursement request electronically via ERSO's intranet system at www.erso.berkeley.edu
Please contact financialcluster@me.berkeley.edu for submission instructions

08/11/15

Please provide a copy of the signed packing slip/receipt or acknowledge receipt of items/services via e-mail to financialcluster@me.berkeley.edu or in person in room 6195 Etcheverry Hall.

Please select one: ME Dept Jacobs Institute/ME NE Dept IEOR Dept CET/IEOR

Please select one: PO Request (PO will be sent to the vendor)
 Vendor Payment Request (Goods/services already received)

Requester Last Name, First: _____	<input type="checkbox"/> EID or <input type="checkbox"/> SID #: _____
Requester Signature: _____	Date (mm/dd/yy): _____
E-Mail Address: _____	Work Phone: _____
Authorizing Name: _____	Date (mm/dd/yy): _____
Authorizing Signature: _____	Ship-To Address: _____

VENDOR INFORMATION

Vendor Name: _____	Invoice/Quote #: _____
E-Mail Address: _____	Phone #: _____
Payment Address: _____	Fax #: _____

UCB Central Purchasing Requirements

Additional set-up time will be needed for new UC vendors. Please attach quotes to orders (if available). Items over \$4,999 require additional handling time in Central Purchasing for a Requisition Order set-up. Requisitions over \$10,000 should include a Sole Source Justification and a Formal Quote from the Vendor.

- | | | | | |
|---------------------------------------|--|--|---|-----------------------------------|
| <input type="checkbox"/> Lab Supplies | <input type="checkbox"/> Office Supplies | <input type="checkbox"/> Computer Supplies | <input type="checkbox"/> Course Materials | <input type="checkbox"/> Software |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Services | <input type="checkbox"/> Furniture | <input type="checkbox"/> Other : _____ | |

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: _____

Account	Fund	Org ID	Program	Project	Flexfield	Amount

