

3
REQUEST ORDER FORM (ROF)

Vendor/Payee Information [1]			
Name	<i>Bella Pita</i>		
Address	<i>960 Gayley Avenue</i>		
City	<i>Los Angeles</i>	State	<i>CA</i>
Zip	<i>90024</i>	Attn.	
Phone	<i>(310) 209-1050</i>	Fax	
UCLA ID# [2]	SS/Tax IC		
Requestor and Delivery Information			
Date Requested	<i>11/26/16</i>	Date Needed	<i>11/30/16</i>
Requestor	<i>Scarlett Yu</i>	PI	
Award Name or ID # or enter FAU [3]	<i>Chair's Discretionary Funds</i>		
Room/Bldg #	<i>Knudsen 2-222</i>	Phone	<i>4088351262</i>
PI/Supervisor Approval			
Fabrication#			
<input type="checkbox"/> Do NOT pay invoice until notified [4]			
Special Instructions/Comments/Justifications			

Business Office Use Only							
P.O. #							
	FS Dept	Class	Seq. #				
REQ #							
	FS Dept	Class	Seq #				
Vendor Rep	Date Ordered						
Ref. #							
Approved by							
Ordered by							
Acct	CC	Fund	Proj	Sub	Obj	%/SRC	
FAU #1							
FAU #2							
FAU #3							
*Please include additional FAU's in the special instructions section below.							

Ln #	Qty.	Unit / Size	Catalogue Number	Description	Unit Cost	Price	Delivery Date	Back Order
1	2	1	<i>Falafel Wowshi</i>		8.00	16.00		
2	4	1	<i>Chicken Wowshi</i>		7.75	31.00		

3						0.00		
4						0.00		
5						0.00		
6						0.00		
7						0.00		
8						0.00		
9						0.00		
10						0.00		
					Shipping & Handling			

Subtotal	47.00
Tax	1.44
Total	48.44
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