

Purchase Request Form

PR Number:

► Go to <https://www.business.socsci.uci.edu/> for instructions and the latest information.

KFS DOC #:

REQUESTER INFORMATION

Requested by:		Email:	
Department / Center:		Phone:	

VENDOR INFORMATION | Vendor #:

Name:			
Address:			
Contact:		Phone:	
Website:		Email:	

DELIVERY ADDRESS

Name:			
Office / Room:		Building:	
Address:			
Phone:		Email:	

SIGNATURE APPROVAL

Name of Principal Investigator / Account Manager:		Signature:	
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ACCOUNT INFORMATION

KFS Account	Sub-Account	Project Code	Org Ref ID	Amount	Fiscal Officer Name	Fiscal Officer Approval

Detailed Justification of Purchase: The justification needs to include what or why the purchase is needed, and/or how it will benefit the research of the university. Also, if it is for research or a class, indicate the title of the research project or the class.

Quantity	Unit of Measure	Item Description	Part / Catalog #	Unit Price	Estimated Cost
Date Wanted:	Shipping Notes: All orders will ship Standard Ground unless otherwise noted.		Subtotal:		
			Shipping & Handling:		
			Tax Rate:		
Common Tax Rates: Irvine Tax: 7.75 Santa Ana 9.25% Long Beach 10.25% Los Angeles 9.5%			Total Order Cost:		

BUSINESS OFFICE ONLY:

Finance

Director: _____

Facilities

Director: _____

Computing

Services

Director: _____

PRIOR to purchase requests over \$2,500, or furniture, or anything unusual, **MUST** obtain approval from the Finance Director.

PRIOR to purchase requests of all furniture, **MUST** obtain approval from the Facilities Director.

PRIOR to any computer or software purchase requests, **MUST** obtain approval from the Computing Services Director.