

## REQUISITION 2022-2023

FOR ASSISTANCE IN COMPLETING THIS FORM, SEE REVERSE  
SIDE OR VISIT [WWW.AS.UCSB.EDU/REQUISITION-FORM/](http://WWW.AS.UCSB.EDU/REQUISITION-FORM/)

PAYABLE TO	
STREET ADDRESS	
CITY, STATE & ZIP CODE	PHONE

### OFFICE USE ONLY

1099

INVOICE# \_\_\_\_\_ ☐ YES ☐ NO  
VENDOR# \_\_\_\_\_ ☐ contract attached

DATE REQUESTED		
NAME OF ACCOUNT		
ACCT. NO.	CATEGORY NO.	EVENT#
P.O.# (FOR OFFICE USE ONLY)		
Purchase Order ___ Paper ___ Paperless <small>(see instructions below)</small> Check Journal Entry		
<p><u>All checks must be picked up</u> <u>at the AS Ticket Office</u></p> <p>(If you would like your check mailed, please email requisitions@as.ucsb.edu and allow for ten business days from the date of your request)</p>		

**\* PURCHASE ORDER INSTRUCTIONS \*** (Include fax number or email below if you want the P.O. # faxed or emailed)

Event Name: \_\_\_\_\_ Date: \_\_\_\_\_

QUANTITY	DESCRIPTION (WHO, WHAT, WHERE, WHEN, WHY)	UNIT PRICE	AMOUNT

Passed by _____ on _____ NAME OF A.S. GROUP DATE OF MEETING		SUBTOTAL	
<b>• • • • • TWO AUTHORIZED SIGNATURES • • • • •</b> <b>A PERSON CANNOT SIGN A REQUISITION MADE PAYABLE TO THEMSELVES</b> 1) _____ PRINTED NAME SIGNATURE _____ PHONE # (required) E-MAIL (required) DATE 2) _____ PRINTED NAME SIGNATURE _____ PHONE # (required) E-MAIL (required) DATE		SHIPPING & HANDLING	
		SALES TAX	
		TOTAL PRICE	

### OFFICE USE ONLY

Logged by: \_\_\_\_\_

AP/AR: \_\_\_\_\_

Financial Officer: \_\_\_\_\_

DEPARTMENTAL AUTHORIZATION