

REQUISITION 2022-2023

**FOR ASSISTANCE IN COMPLETING THIS FORM, SEE REVERSE
SIDE OR VISIT 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)		
<p>Purchase Order ___ Paper ___ Paperless (see instructions below)</p> <p>Check</p> <p>Journal Entry</p> <div style="border: 1px dashed black; padding: 10px; margin-top: 10px;"> <p style="text-align: center;">All checks must be picked up at the AS Ticket Office</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> </div>		

*** 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	
<div style="background-color: black; color: white; text-align: center; padding: 5px;"> • • • • • TWO AUTHORIZED SIGNATURES • • • • • </div> <p>A PERSON CANNOT SIGN A REQUISITION MADE PAYABLE TO THEMSELVES</p>		SHIPPING & HANDLING	
1) _____ <div style="display: flex; justify-content: space-between;"> PRINTED NAME SIGNATURE </div>		SALES TAX	
<div style="display: flex; justify-content: space-between;"> PHONE # (required) E-MAIL (required) DATE </div>		TOTAL PRICE	
2) _____ <div style="display: flex; justify-content: space-between;"> PRINTED NAME SIGNATURE </div>			
<div style="display: flex; justify-content: space-between;"> PHONE # (required) E-MAIL (required) DATE </div>			

OFFICE USE ONLY

Logged by: _____

AP/AR: _____

Financial Officer: _____

DEPARTMENTAL AUTHORIZATION