



Associated Students Administration Office
University of California - UCen Rm# 2537
Santa Barbara, California 93106-6081
Phone - 893-3374 • Fax - 893-7734

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)

Purchase Order ___ Paper ___ Paperless
(see instructions below)

Check

Journal Entry

All checks must be picked up
at the AS Ticket Office

(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)

*** 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

SHIPPING
& HANDLING

SALES TAX

TOTAL PRICE

A PERSON CANNOT SIGN A REQUISITION MADE PAYABLE TO THEMSELVES

1) _____
PRINTED NAME SIGNATURE

PHONE # (required) E-MAIL (required) DATE

2) _____
PRINTED NAME SIGNATURE

PHONE # (required) E-MAIL (required) DATE

OFFICE USE ONLY

Logged by: _____

AP/AR: _____

Financial Officer: _____

DEPARTMENTAL AUTHORIZATION