UNIVERSITY OF CALIFORNIA
Agriculture and Natural Resources

PURCHASE REQUEST FORM

VENDOR INFORMATION

Company/Name:	
Contact:	
Phone:	
Email:	
Street:	
City, State, Zip:	

REQUESTOR INFORMATION

Requestor:	
County/Unit/REC:	
Phone:	
Email:	
Street:	
City, State, Zip:	

Date Range of Event/Work or Date Items needed by: _____ Agreement/PO#: _____

Paying Supplier by card? Yes ☐ No ☐ Type: Pcard ☐ T&E ☐ **Note Capital Assets & Covered Services cannot be paid by card**

Business Purpose:

Line	Quantity	UOM	Description	Unit Price	Total
A					0
B					0
C					0
D					0
E					0
F					0
Comments:				Sales Tax	
				Shipping	
				TOTAL	0

Chart String

GL/PPM	Entity	Fund	Financial Dept.	Purpose	Program	Project	Activity	Task	Percentage	Amount
									0.00%	$ 0.00

APPROVALS

_____ _____ (Required for SWPR/REC)

Area/County/Unit/REC Director signature *Fiscal Officer signature*

(Required for $100,000+)

_____ _____

PI signature (if using Award/Grant funds) *AVP signature*

Revised Jul 2025