

Department of Physics & Astronomy REQUEST ORDER FORM (ROF)

Vendor Information	
Name	_____
Address	_____
City	_____ State _____
Zip	_____ Attn. _____
Phone	_____ Fax _____
UCLA ID#	_____ SS/Tax ID: _____

Requestor and Delivery Information	
Date Requested	_____ Date Needed _____
Requestor	_____ PI _____
Award Name or ID # or enter FAU	_____
Room/Bldg #	_____ Phone _____
PI/Supervisor Approval	_____
Fabrication#	_____
Do NOT pay invoice until notified	

Business Office Use Only			
P.O. #	_____	_____	_____
	FS Dept	Class	Seq. #
REQ #	_____	_____	_____
	FS Dept	Class	Seq #
Vendor Rep	_____	Date Ordered	_____
Ref. #	_____		
Approved by	_____		
Ordered by	_____		

	Acct	CC	Fund	Proj	Sub	Obj	%/SRC
FAU #1	_____	_____	_____	_____	_____	_____	_____
FAU #2	_____	_____	_____	_____	_____	_____	_____
FAU #3	_____	_____	_____	_____	_____	_____	_____

***Please include additional FAU's in the special instructions section below.**

Ln #	Qty.	Unit / Size	Catalogue Number	Description	Unit Cost	Price	Delivery Date	Back Order
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
				Shipping & Handling				

Special Instructions/Comments/Justifications

Check if tax exempt

Subtotal _____

Tax _____

Total _____