

# Community Programs Office Student Association

## Order Request Form

PLEASE PRINT LEGIBLY

### Funding Source

(Please Check one)

- Academic Year
- Summer
- Chair
- Memo Date of Memo \_\_\_\_\_
- Other: Project Name: \_\_\_\_\_

**PROGRAM/EVENT NAME:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
(NAME OF PERSON COMPLETING THIS FORM)

**EMAIL:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_  
(CONTACT INFORMATION OF PERSON COMPLETING FORM)

**BUDGET LINE ITEM TO BE CHARGED:** \_\_\_\_\_  
(E.G. ADVERTISING, PRINTING, TRANSPORTATION)

### DESCRIPTION OF GOODS OR SERVICES:

Please describe the event, (who, what, where, and why?) If goods are for food/beverages, please provide a list of attendees. If it's for a reimbursement, please fill out the PAYEE section below and include bank statement if goods were purchased with a card. For mileage reimbursement please provide locations where you traveled.

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**GRAND TOTAL: \$** \_\_\_\_\_

**PAYEE (vendor/person to be paid)** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP CODE** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

### COMPLETE THE FOLLOWING FOR PAYMENT:

**SOCIAL SECURITY #** \_\_\_\_\_

(For payment to individual)

**Federal Tax ID#** \_\_\_\_\_

(For payment to Business)

**UC EMPLOYEE?** YES \_\_\_ NO \_\_\_ **UID#** \_\_\_\_\_

**CALIFORNIA RESIDENT?** YES \_\_\_ NO \_\_\_

**US CITIZEN?** YES \_\_\_ NO \_\_\_

### E-MAIL

**\*\*\*FOR MILEAGE OR FOOD/BEVERAGES REIMBURSEMENT PLEASE PUT DOWN YOUR UCLA E-MAIL IF YOU ARE A STUDENT EMPLOYEE**

### APPROVALS:

I CERTIFY THAT I AM AUTHORIZED TO APPROVE EXPENDITURES FOR THIS PROGRAM.

X \_\_\_\_\_  
CPOSA CHAIR SIGNATURE

DATE \_\_\_\_\_ EMAIL ADDRESS/PHONE \_\_\_\_\_

X \_\_\_\_\_  
CPOSA ADVISOR SIGNATURE

DATE \_\_\_\_\_

X \_\_\_\_\_  
DIRECTOR SIGNATURE

DATE \_\_\_\_\_

-FOR OFFICE USE ONLY-

ACCOUNT # \_\_\_\_\_ SUB/OBJECT \_\_\_\_\_ / \_\_\_\_\_ PROJECT/SOURCE \_\_\_\_\_

VENDOR # \_\_\_\_\_ INVOICE# \_\_\_\_\_ RECHARGE ID# \_\_\_\_\_

PAC ORDER#3731 \_\_\_\_\_ PAC ORDER#3731 \_\_\_\_\_

DATE PREPARED: \_\_\_\_\_ PREPARER \_\_\_\_\_ DATE ENTERED \_\_\_\_\_ Entered By: \_\_\_\_\_