

Campus Retention Committee

Order Request Form

PLEASE PRINT LEGIBLY

Project Name: (Please Check One) Project: (Please check one) <input type="radio"/> ASP <input type="radio"/> CRC <input type="radio"/> MEChA Calmecac <input type="radio"/> RAIN	<input type="radio"/> SEA CLEAR <input type="radio"/> SPEAR <input type="radio"/> WSP	Funding Source (Please Check one) <input type="radio"/> CRC Summer <input type="radio"/> CRC AY <input type="radio"/> Seminar/Training <input type="radio"/> Chair <input type="radio"/> Other/Memo Date of Memo: _____
---	---	---

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. **ALWAYS INCLUDE ALL ORIGINAL ITEMIZED RECEIPTS.** 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.*

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. <input checked="" type="checkbox"/> _____ PROJECT DIRECTOR'S SIGNATURE _____ DATE _____ EMAIL ADDRESS/PHONE _____ <input checked="" type="checkbox"/> _____ CRC CHAIR SIGNATURE/DATE _____ <input checked="" type="checkbox"/> _____ CRC ADVISOR 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: _____