GRADUATE DIVISION
DEPARTMENTAL ORDER

RESET

Requisition #: (*if applicable):* _____ **PO#:** _____

***Preparer Instructions**: Email completed form to GD-Finance@ucmerced.edu. Use separate form for each Vendor/Payee. This Departmental Order form is a working document for initial purchase order entry. Pricing and sales tax are estimations only. Actual pricing may vary when the order is finalized in the purchasing system.*

Requestor:	**Phone #:**	**Date Needed:**

Vendor/Payee (Name/Address/Phone):	**Vendor #:**

UC Employee? ☐ Yes ☐ No **Will expense be recharged (UCM Department/UC Campus)?** ☐ Yes ☐ No

Business Justification of this expense (Who, What, When, Where and Why?):

CHECK ONE CATEGORY ONLY

☐ **Request for Vendor Payment**

Description	Item #	Qty	Unit Cost	Total
			Total:	$ 0.00

☐ **Conference** or ☐ **Training (class, webinar, etc.) Registration**
*If you are not sure if your registration if for a **conference** or for a **training**, please contact Financial Services.*

Amount: _____ Location: _____ Date: _____

Deadline for Registration *(Provide early bird deadline if applicable):* _____

Membership Included? ☐ No ☐ Yes Amount: _____ Membership Period: _____

☐ **Supply/Equipment Orders** (Attach separate sheet if additional space is needed)
For monthly supply order, attach supply order list and reference "see attached" below.

Description	Qty.	UOM	Item #	Pg. #	Price	Total
					Total:	$ 0.00

Administrative Use Only

Account	Cost Center	Fund	Project	Sub	Object	Source	Total
						TOTAL:	$ 0.00

Preparer Signature	Print Name	Date
Budget Approval Signature	Print Name	Date
Department Approval Signature	Print Name	Date
PO Entry Signature	Print Name	Date