

**PRE-ORDER FORM**

This form is available on the SPH intranet web site at <http://sph.berkeley.edu:7047/intranet/formsold>.

<b>School of Public Health</b>			<b>BFS PO Number:</b>		
Requested By	Phone #		BFS PO to be:	Procurement Card <input type="checkbox"/>	
	Email		Ret'd to Orderer for	P-Card Code: _____	
Date of Order	Unit Name		order placement <input type="checkbox"/>	procode	tag #
Project Title			Order to be placed	Office Depot <input type="checkbox"/>	
			by Preparer <input type="checkbox"/>	Check Request <input type="checkbox"/>	
BFS Chart String or Speedtype			Fax <input type="checkbox"/>	Low Value Order <input type="checkbox"/>	
			Phone <input type="checkbox"/>	Blanket PO <input type="checkbox"/>	
			Mail <input type="checkbox"/>	Purchase Requisition <input type="checkbox"/>	
			Campus Services <input type="checkbox"/>		
<b>Approval</b>					
Principal Investigator/Designator's Name (Print Name): _____					
Principal Investigator/Designator's Signature: _____ Date: _____					
<b>Vendor Information</b>					
Vendor Name:			<b>Vendor Number</b>		
Address:			If employee/student, employee/student id #:		
City:			State:	Zip:	
Vendor Contact:			Price Quote: Yes <input type="checkbox"/>		
Phone #:			Fax #: No <input type="checkbox"/>		
<b>Purchase Information</b>					
Quantity	UOM	Catalogue Number	Description	Unit Price	Total Price
<b>Notes (Special Instructions)</b>				Sub-Total	
Equipment Location:				Sales Tax	
<b>Shipping Information - Items will be delivered to 140 Warren unless otherwise requested below</b>					
Ship to Address:				Shipping	
UPS <input type="checkbox"/> U.S. Mail Special <input type="checkbox"/> Regular Delivery <input type="checkbox"/>				Total Amount	
<b>Procurement Card Information</b>			Pro Code	Amt of %	BFS Chart String or Speedtype
Items Charged To:					
Items Should Be Charged To:					
Should be left as originally charged? Yes <input type="checkbox"/>					
<b>To Be Completed by Accounting Unit</b>					
BFS Chart String:			Processing Unit:		
Prepared By:			Date:		
Reviewed By:			Date:		
Ordered By: Fax <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/>			Date:		
Approved By:			Date:		
Notes:					

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