



Student Government Accounting
308 Westwood Plaza
332 Kerckhoff Hall
Los Angeles, CA 90024-1640

GENERAL REQUISITION AND PAYMENT ORDER

(This is not a Purchase Order. Do not forward to vendor)

REQUISITION NUMBER

G 309330

ASUCLA Customer # _____

Student Media UCLA Customer # _____

THIS IS NOT A PURCHASE ORDER NUMBER

For information on how to complete this form go to: www.asucla.ucla.edu

1. Date: _____
Prepared by: _____
Telephone: _____
E-mail: _____
Cell: _____

2. Payee's Name _____ Vendor# _____
Address _____
City _____ State _____ Zip _____ Campus Mail Code _____
Attention _____ Telephone _____ Fax _____
() ()

3. P.O.# _____
4. Department Name: _____
Department (4 digit) Number: _____
(Enter 21 digit account number in Section 13)

5. For Honorarium payments of \$100 and above, provide the ASUCLA Honorarium Contract; along with the SSI # or TIN #
Social Security # _____ Yes _____
Tax I. D. # _____ No _____
Honorarium payment for \$600 and above? Attach the W-9

8. _____ MAIL TO THE ADDRESS SHOWN ABOVE
_____ CHECK PICK-UP
_____ PURCHASE ORDER PICK-UP
_____ SEND ENCLOSURES WITH DOCUMENTS
_____ REQUESTED COMPLETION DATE: _____
CHECK ISSUED ON: _____
TO BE PICKED UP BY: _____ SGA OFFICIAL USE
NAME / TELEPHONE _____

6. SHIP TO:
308 Westwood Plaza BLDG: _____ ROOM #: _____
Los Angeles, CA 90024-1640

7. ACTION TO BE TAKEN
_____ PURCHASE ORDER (PO) _____ PO for FLEET SERVICE REQUEST
_____ CHECK _____ PO for TELECOM SERVICE REQUEST
_____ CASH ADVANCE CHECK _____ PAYMENT OF INVOICE (Please attach the original)

RENDER GOODS OR SERVICES DESCRIBED BELOW TO BEARER IN AMOUNT NOT TO EXCEED THAT WHICH IS SHOWN.

QUANTITY	PROVIDE A COMPLETE DESCRIPTION OF GOODS OR SERVICES. INCLUDE THE EVENT NAME, DATE, TIME AND LOCATION (BELOW)	UNIT PRICE	TOTAL
9	10. RE: _____	11.	

PLEASE PROVIDE THE EVENT NAME: _____ DATE: _____
LOCATION: _____ START TIME: _____ END TIME: _____
SALES TAX _____
LESS ASUCLA 20% DISCOUNT _____
MAXIMUM AMOUNT NOT TO EXCEED 12. _____

13. Please enter your 21 digit Account Number
1) _____ \$ _____
(Entity) (Fund) (Div.) (Dept.) (G/L) (Event)
2) _____ \$ _____
3) _____ \$ _____
4) _____ \$ _____

APPROVALS		ASUCLA STUDENT GOVERNMENT ACCOUNTING OFFICIAL USE ONLY			
USA	GSA	INVENTORY IMPACT _____ YES _____ NO			
PROJECT DIRECTOR	COUNCIL REP.	Order Placed by: _____	API #: _____		
COMMISSIONER	COUNCIL REP.	Order Placed with: _____			
FUND DIRECTOR	PROJECT DIRECTOR	Confirmation #: _____	ENC #: _____		
FINANCE COMMITTEE	GSA OFFICIAL	APPROVED BY _____	DATE _____	INPUT BY _____	AMOUNT ENTERED _____
INTERNAL VICE PRESIDENT	INTERNAL VICE PRESIDENT				INPUT DATE _____
PRESIDENT	PRESIDENT				

ORIGINAL - PURCHASING (This form expires one year from the approved date)

YELLOW - CONFIRMING COPY

PINK - ORIGINATOR COPY

Form 410 (Rev. 11/05)