

# UCO/LICK OBSERVATORY ORDER MEMO

**DATE:** \_\_\_\_\_  
**REQUESTOR:** \_\_\_\_\_  
**EXT :** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_  
**NEED DATE:** \_\_\_\_\_  
 (When you need the material in hand)  
**LEAD TIME:** \_\_\_\_\_  
**DELIVER TO LOCATION:** \_\_\_\_\_

~~ASAP~~

**Suggested Vendor:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Contacted? Yes (who)** \_\_\_\_\_

Is the suggested vendor a University Employee? Yes  No   
 Is the suggested vendor a near-relative of a University Employee? Yes  No   
 Is the suggested vendor a former University Employee? Yes  No   
*If the answer to any of the above questions is yes, please contact LOBO*

**PO #** \_\_\_\_\_  
**REQ #** \_\_\_\_\_  
**Log #** \_\_\_\_\_  
**Vendor:** \_\_\_\_\_  
**Vendor Code:** \_\_\_\_\_  
**Customer Acct. #** \_\_\_\_\_  
**Quote #** \_\_\_\_\_  
**Confirmed to:** \_\_\_\_\_  
**Order Date:** \_\_\_\_\_ **By:** \_\_\_\_\_  
**Delivery Date:** \_\_\_\_\_

Entertainment? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>IF YES, Auth. Admin Signature Required</i>	
Entertainment Approved by: _____	
Alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>IF YES, Alcohol Permit &amp; Director's Auth. Required</i>	
Alcohol approved by: _____	

**EQUIPMENT PURCHASES:**

Laptop Buy Down Insurance? YES  NO   
 Inventorial Equipment? YES  NO   
 Custody Code \_\_\_\_\_ Bldg \_\_\_\_\_ Rm \_\_\_\_\_  
 Custodian: \_\_\_\_\_  
 EIMR # \_\_\_\_\_ Prop # \_\_\_\_\_

**Comments:**

Item	Qty	U/M	Haz X	Item Description (Include Mfg Part, Catalog & Page # )	Part #	\$ / EA	%	Quantity Fund	Total \$ Organization	Activity Code Account Code
Entertainment Requires Detailed Breakdown of Costs										
1		ea					100%	0.00	\$ -	
						FOA				
2		ea					100%	0.00	\$ -	
						FOA				
3		ea					100%	0.00	\$ -	
						FOA				
4		ea					100%	0.00	\$ -	
						FOA				
5		ea					100%	0.00	\$ -	
						FOA				
6		ea					100%	0.00	\$ -	
						FOA				
7		ea					100%	0.00	\$ -	
						FOA				
8		ea					100%	0.00	\$ -	
						FOA				
		Total Cost Estimate								
\$		-								

**APPROVALS - AT LEAST 2 SIGNATURES REQUIRED**

Supervisor	Date	P.I.	Date	Budget Approver	Date	Accountant	Date	Accountant	Date

COMPLETED & DATE \_\_\_\_\_ Email Approval: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Rev 4/04 Retention 5 yrs or C&G requirements