

ODOS Business Services Temporary Order/Payment Form

Vendor: _____
Contact Person: _____
Phone: _____
FAX: _____
Account to be charged: _____

Today's Date: _____
PO #: _____
Contact Person: _____

Item	Description	Catalog #	Cost (Approx.)	Quantity Ordered	Total Cost

NOTE: If you need additional item lines, please attach an additional form.
Subtotal (wo/Tax, Shipping, Total) from additional pages:

For Catering Bills/Food Payment: Name of Event: _____ Number of Attendees: _____ Host's Name: _____ Please attach attendance sheet and publicity announcement of event. To pay caterer directly an original invoice is required.	Subtotal: _____ Tax: _____ Shipping: _____ Total: _____
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For BS Staff Only	
BS Staff Initials:	
Date Ordered:	
USE Tax:	
Final Cost:	

Ordered by: _____ _____ Staff Name (Please Print)	Date Submitted to BS Office: _____
Authorized Signature: _____ _____	Payment Method (If Applicable) Please check one <input type="checkbox"/> PAL card <input type="checkbox"/> Purchase Order <input type="checkbox"/> Pay UCI Corporate Card <input type="checkbox"/> Check Request <input type="checkbox"/> Other: _____
Date Needed: _____	

Program Title: _____
Program Date: _____

Please check one for Programs

Program Area:
 Academic
 Educational
 Social

In the space provided below or on an attached sheet, please give a more detailed description of your order. Include It's purpose, useage, color specifics, etc., and how it fits into the program indicated above.