

Effective: 03/15/1991

Supersedes: 04/10/1980

Review Date: TBD

Issuing Office: [Procurement & Contracts](#)

EXHIBIT A

UCSD 04/85

IT IS UNDERSTOOD THAT THE PERSON APPROVING THIS ORDER HAS THE PROPER AUTHORITY TO DO SO AND THAT FUNDING INDICATED IS AVAILABLE

<input checked="" type="checkbox"/> POR		<input type="checkbox"/> SUB-ORDER		<input type="checkbox"/> LVPO		SUGGESTED VENDOR Name of independent contractor & Soc. Sec. No. Street Address, City, State & Zip Code Telephone Number (if known)											
REQUISITION DATE 9/28/88		REQUISITION NUMBER B 39132		FUNDING OFFICE SYMBOL L 19900		UNIVERSITY OF CALIFORNIA, SAN DIEGO RECEIVING DEPARTMENT 8655 PRODUCTION AVE. SAN DIEGO, CALIFORNIA 92121											
DEPARTMENT Environ. Engr.		MAIL CITY Z-009		DEPARTMENT PHONE 45311		ACCOUNT		FUND		SUB		OBJECT		DO		AMOUNT	
DATE NEEDED See Below		COST NOT TO EXCEED (OPTIONAL)		SEND P.O. COPY TO J. Doe		MAIL CODE Z-009		6 XXXXXX		19900		3					
DEPARTMENT AUTHORIZED SIGNATURE Jane Doe				DATE 9/28/88		GRANT CONTRACT NUMBER						ORDER NUMBER					
SIGNATURE				PHONE NO. 45311		TAXABLE <input type="checkbox"/>		REBATE <input type="checkbox"/>		NON-TAXABLE <input checked="" type="checkbox"/>		BUDGET TAG					

UNIVERSITY OF CALIFORNIA, SAN DIEGO
PURCHASE REQUISITION

VENDOR NAME AND ADDRESS:

SHIP TO →

ATTN: _____

OTHER: Coordinate furnishing of services with Jane Doe, Admin. Assist III Dept. of Environmental Engineering

ATTN: Room 1092, Bldg. 2A, Ext. 45311

INV. OBJ. CODE	ITEM NO.	QUANTITY (UNITS)	DESCRIPTION	UNIT PRICE	TOTAL PRICE
	a.		Name and Social Security number of independent contractor		
	b.		Furnish approximately 80 hours of manuscript editing in the research area of passive solar space heating. (If lengthy description, attach separate page.)		
	c.		Work will be performed at independent Contractor's residence. (If some or all work to be performed at UCSD, state location)		
	d.		Period of performance: 10/1/88 - 10/16/88		
	e.		University equipment or supplies will/will not be used.		
	f.		Hourly labor rate: \$12.00		
	g.		Total purchase order not to exceed \$960.00		
	h.		Individual is/is not now an employee of the University of California and has/has not been employed within the last two (2) years.		
	i.		A near relative of _____ (Name) does/does not work for the University of California.		
	j.		An employer-employee relationship does/does not exist between _____ (Name) and the University of California.		
	k.		_____ (Name) is/is not a U.S. citizen. (If alien state country and type of visa.)		
DELIVERY DATE:				TAX	
				TOTAL	

• DIRECT ALL QUESTIONS RELATING TO THIS ORDER TO THE PURCHASING DEPARTMENT, 0 026 THE UNIVERSITY OF CALIFORNIA, SAN DIEGO LA JOLLA, CALIFORNIA 92093

PURCHASING OFFICE INSTRUCTIONS

SPECIAL CLAIMS

ACKNOWLEDGE

ATTACHED TO THIS ORDER

BILL TO →

INQUIRIES TO →

PLEASE ITEMIZE ALL CHARGES SHOW CALIFORNIA SALES TAX (VENDOR NUMBER WHEN BILLING) CALIFORNIA TAX. MAIL INVOICE IN TRIPLICATES TO FAX

UNIVERSITY OF CALIFORNIA, SAN DIEGO
ACCOUNTING OFFICE (0 027)
LA JOLLA, CALIFORNIA 92093

TELEPHONE ()

APPROVAL ()

DATE WHEN RECEIVED