

**Chan Division of Occupational Science and Occupational Therapy**

Department of Occupational Therapy

1540 Alcazar Street, CHP 133, Los Angeles, CA. 90089-9003

DELIVERY ADDRESS: 1540 Alcazar Street, Los Angeles, CA 90033

Phone: 323 442 2850; Fax: 323 442 1540

Please email form to:

**sdemesa@usc.edu**

**ORDER FORM** **\*Please make sure to fill in as much information as possible.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*Vendor |  |  |  | \*Date order is requested | | |  | | | | | | | | |
| Customer Account No. |  |  |  | \*Shipping Method | | | | Overnight |  | Ground |  | RUSH |  |  |  |
| Address |  |  |  | \*USC acct # |  | | | | | | | | | | |
| \*Phone |  |  |  | \*Requested by | |  | | | | | | | | | |
| \*Website or email |  |  |  | \*Phone of requestor |  | | | | | | | | | | |
| \*Vendor Quote # |  |  |  | \*Email of requestor |  | | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| Radioactive |  | Yes |  | No |
| Permit No |  | | | | |  |

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| CATALOG NO. | DESCRIPTION AND COMMENTS | QUANTITY | UNIT COST | TOTAL COST |
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|  |  | Sub-total | |  |
| **NOTES** | | Freight/Handling | |  |
|  | | Tax | |  |
| Other charges | |  |
| TOTAL | |  |

Order placed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pcard Name: \_\_\_Sonia\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For OT Business Office Only**