

UC Davis Special Sale / Service Authorization

Refer to [UCD Policy and Procedure 340-09](#) for information on when to use this form. Departments may copy this form as needed. After approval by the department head, submit form in duplicate to Business & Revenue Contracts. One copy will be returned to the department after approval by the Assistant Vice Chancellor and Controller.

Accounting Office Use Only	
Authorization Number: _____	(Cite on invoice or cash receipt)
Period of Authorization	
One time only: _____	_____
Indefinite: _____	_____
Until: _____	_____

Department: _____ **Date:** _____
Contact Name: _____ **Phone:** _____

Account to be Credited Name: _____	Number: _____
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Is this a recurring transaction? Yes No

If recurring, how long will authorization be needed? _____

Amount Per Transaction: _____ Annual Total: _____

Is this product or service provided to university departments? Yes No

If yes, will service to university departments be negatively impacted by providing this product or service to a non-university user? Yes No

Specify type of Non-University User: Student Employee
 Other (please specify) _____

Describe Transaction: _____

Is this service or product reasonably available elsewhere? Yes No

How does this transaction relate to the University's mission of teaching, research, and public service? _____

Approvals		
Department Head _____	Print Name _____	Date _____
Assistant Vice Chancellor and Controller _____	_____	Date _____