



For information on the online process for ordering Radioactive materials, please see a the Blink menu of topics for Buying Radioactive Materials at <http://blink.ucsd.edu/Blink/External/Topics/Policy/0,1162,13389,00.html>.

Initial Form Change Form

Complete this form for individuals who meet the following criteria:

- a. Department Order and/or High Value Purchase Requisition authorization delegated by the UCSD Purchasing Authorization Form
- b. Completed the Purchasing On-line training class
- c. Possess a valid IFIS user ID
- d. Delegated under a valid RUA number

SECTION 1 - DEPARTMENT BUYER INFORMATION

NAME:				
	FIRST	MIDDLE	LAST	
DEPARTMENT:		NAME OF PRINCIPAL INVESTIGATOR:		RUA #:
IFIS USER ID:	BUYER CODE:	PHONE:	MAIL CODE:	EMAIL ADDRESS:

SECTION 2 - ORGANIZATION INFORMATION

Please list all organization codes for Department Order or High Value Purchase Requisitions for the above referenced RUA. Contact your fund manager for specific information.

SECTION 3 - APPROVAL HIERARCHY

Provide the appropriate approval hierarchy for the buyer ID identified above. Contact your Department's Security Administrator for specific questions. Use additional paper if necessary.

Approval Level User ID Names:

Primary Level 1 Approver: _____

Alternate: _____

Alternate: _____

Primary Level 2 Approver: _____

Alternate: _____

Alternate: _____

SECTION 4 - SIGNATURES

Department Buyer Date

Department Head or Principal Investigator Date

Return copy of Approved form to: _____
Name Mail Code

SECTION 5 - RESPONSIBILITY OF PRINCIPAL INVESTIGATOR (Identified in Section 1)

The Principal Investigator has the responsibility to determine that the orders meet approved products and quantities. Orders placed through the online process that exceed allowed quantities or that do not have approved RUA numbers will be held at EH&S. Should the department not secure timely approval from EH&S, the product will be destroyed and the department will be liable for all product costs.

Please indicate your acceptance of responsibility by signing below.

Signature RUA#

Print or type name Date

- You may **fax** a copy of this form to **Kathy Meadows**, Central Purchasing at **(858) 534-5803**.
- **Mail** the original to **Kathy Meadows**, Central Purchasing, **Mail code 0914**.
- Purchasing will return a copy of this form to the authorized user when the setup process is completed.
- Keep a copy of this form for your records

Questions? Contact Kathy Meadows, (858) 534-3091.

PURCHASING DEPARTMENT APPROVAL ONLY:

Approved: _____
Signature/ Title Date