

PURCHASE ORDER REQUEST

A Copy of the Purchase Order will automatically be sent to you for your records. If you desire a copy of the request, please make a copy.

Sponsored Programs
Zip 870 ♦ phone 5700

Foundation Administration
Zip 246 ♦ Phone 6811

Confirming

PO#

PROPOSED VENDOR

ADDRESS

CITY/STATE/ZIP

PHONE#

Check applicable box(es) and attach required forms

- Check if:
- Equipment (attach required form(s))
 - Replacement part
 - Tag _____
 - Chemical Substance
 - Radioactive Material (Form Required)
 - Service (Payee Data Record Required)

Charge to: Proj# _____ Object _____ Amount _____

Mail _____ (toll free only)
 Fax# _____
 Pickup at AS Business office/Bookstore Bldg.
 Call _____ when ready
 Date: _____

Enter proposed vendor, address, city/state/zip, and phone number.

Enter project(s), object(s) and amount(s) to be charged to each.

Check applicable boxes (Mail, Fax, Pickup or Call) and enter related information.
Enter date of request.

Enter quantity, item and description and unit price. Total is calculated.

Quantity	Description with as much DETAIL as possible	Unit Price	Total
1.			0.00
2.			0.00
3.			0.00
4.			0.00
5.			0.00
6.			0.00
7.			0.00
8.			0.00
9.			0.00
10.			0.00

(Attach additional sheets if necessary for more detail)
COMPETITIVE BIDS (over \$5,000) Because of State and Federal regulations, three competitive bids are required on all purchases totaling over \$5,000 (excluding tax and shipping from a single vendor). If competitive bid prices are less than that of the proposed vendor, please attach justification. If three bids are unavailable, please attach Sole Source Justification.

1. Vendor name:		Sub-Total	\$0.00
Address:		Sub-Total pg. 2	0.00
Phone:		Shipping/Handling (if applicable)	
Amount:		CA Sales Tax/Use Tax (8.25%)	0
2. Vendor name:		Note: Use Tax will be automatically charged to the Project at time of payment	
Address:		TOTAL	\$0.00
Phone:			
Amount:			

If competitive bids are required, complete Vendor information and attach applicable form(s).

Enter delivery location information.

Delivery Location
 Attention: _____ Zip: _____ Building/Room: _____

By signing below, I certify that all items ordered are for official business and are allowable and allocable to the specific projects listed.

Printed or typed name of Project Director or Authorized Designee

Dean's Approval Signature (If required for Agency Accounts)

Signature of Project Director or Authorized Designee

Foundation Approval

Zip _____ Phone # _____

Property: Tag line item numbers: _____

- Items to check before submission**
- Did you provide complete vendor information (name, address, phone)?
 - Did you check applicable boxes and attach required forms?
 - Did you enter the project(s)/object(s) numbers?
 - Did you include shipping and handling if applicable?
 - Did you attach competitive bids for purchases over \$5,000?
 - Did you enter the delivery location information?
 - Did you obtain all approval signatures on PO Request and required forms?