

Research Foundation

University Foundation

Enter X in the box of office that manages your account

PURCHASE ORDER REQUEST
 Project #s 30000-89999 only Project #s 01000-09999 only
 Check the box for the office that manages your account
 Research & Sponsored Programs Foundation Administration
 Zip 870 ♦ phone 5700 Zip 248 ♦Phone 6811

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.

Confirming PO **PO#**

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

PROPOSED VENDOR
ADDRESS
CITY/STATE/ZIP
PHONE#

Check applicable box(es) and attach required forms

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

Charge to: Proj# Object Amount
 Mail
 Fax# _____ (toll free only)
 Pickup at AS Business office/Bookstore Bldg.
 Call ext. _____ when ready
 Date: _____

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: Address: Phone: Amount:	Sub-Total	\$0.00
	Sub-Total pg. 2	0.00
2. Vendor name: Address: Phone: Amount:	Shipping/Handling (if applicable)	
	CA Sales Tax/Use Tax (8.25%)	0.00
	TOTAL	\$0.00

Note: Use Tax will be automatically charged to the Project at time of payment

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

Type or print name of person signing below

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.

Enter delivery location information.

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 check the box of the office that manages your account?
 - 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?