# Associated Students, CSUF, Inc.
# Purchase Order Requisition Form

ASI Accounting Office
Titan Student Union, Room 224
714-278-2404

Date: _____ Action #: _____ Total P.O. Amount: $ _____ P.O. #: _____

Account(s) to be Charged: Account #: _____ — _____ Amount: _____

Account #: _____ — _____ Amount: _____

Account #: _____ — _____ Amount: _____

Vendor: _____ Phone: (  ) _____

Street: _____ Fax: (  ) _____

City: _____ State: _____ Zip: _____

Deliver to: _____ Phone: (  ) _____

Street: _____ Fax: (  ) _____

City: _____ State: _____ Zip: _____

| Quantity | Description | Unit Price | Total |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Note:** Purchases over $2,500 require at least three written bids. Attach written bids and completed Bid Forms. When a program desires to make a purchase from a sole source provider, a written memo from the program director requesting sole source approval must be attached to the Purchase Order Request Form.

| | |
|---|---|
| Tax | |
| Shipping | |
| Total | $0.00 |

Program Director _____ Date _____

Advisor _____ Date _____

ASI Vice President of Finance _____ Date _____

ASI Executive Director/Designee _____ Date _____

White Copy: Submit to ASI Accounting Office

Yellow Copy: Retain for your Records

(7-03)