

Associated Students, CSUF, Inc. Purchase Order Requisition Form

ASI Accounting Office Titan Student Union, Room 224 657-278-2404

Date:	Action #:		Total P.O. Amount: _	P.	O. #:
Account(s) to	be Charged:	Account #: _	<u> </u>	Amount:	
		Account #:		Amount:	
			<u> </u>		
<u>Vendor</u> :				Phone: (
Ctroot:				Fax: (<u>)</u>	
City:					Zip:
Deliver to:				Phone: ()	
Ctroot				Fax: ()	
City:				State:	Zip:
Quantity		Description		Unit Price	Total
-		<u> </u>			
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	
-					
Program Director		Date	Advisor		Date
ASI Vice President of Finance		Date	ASI Executive Direc	Director/Designee Da	