

PHILANTHROPIC FOUNDATION

	CSFPF Requisition Re	quest		
Date:	Re	quested by:		
Vendor/Payee:	In	Intercampus Mail Address:		
Address	Ph	Phone/Ext:		
CSFPF Vendor ID: *New Vendors require VDR 204				
Is payee an employee of CSU system or its auxilia	ries? Yes No			
Shipping/Receiving: 800 N State College Blvd. Fullerton, CA 92831		Send Invoice to: 2600 Nutwood Ave. Ste 830 Fullerton, CA 92831		
Description of merchandise and justifica	tion for disbursement	Account	Object Code	Amount
Special Instructions:			Total Sales Tax must be included as required by California State Law	
PURCHASE ORDER INFORMATION Please refer to CSU policy for procurement of good through campus Contracts & Procurement will ne			services for campus use	and processed
DIRECTIVE 11 COMPLIANCE		1£ a++	nch IT approval	
 ▶ Is this an IT expense ▶ Is this expenditure covered by CSUF Direct Documentation and Approval Form" along with Is insurance required 		o If yes, atta on. (Directive 11	ch completed <i>CSUF "Direct</i>	l Filler)
 Is this an IT expense Is this expenditure covered by CSUF Direct Documentation and Approval Form" along with the provided in the pro	ctive 11 Yes No ith any required documentation Yes required if total amount is over \$3000.	o If yes, atta on. (Directive 11	ch completed <i>CSUF "Direct</i> Form available on Informed	f Filler) n page.
 Is this an IT expense Is this expenditure covered by CSUF Direct Documentation and Approval Form" along with Is insurance required APPROVED SIGNATORIES Two signatures 	ctive 11 Yes No ith any required documentation Yes required if total amount is over \$3000.	o If yes, atta on. (Directive 11 No If yes, att	ch completed <i>CSUF "Direct</i> Form available on Informed ach insurance declaration	f Filler) n page.
 Is this an IT expense Is this expenditure covered by CSUF Direct Documentation and Approval Form" along with Is insurance required APPROVED SIGNATORIES Two signatures I/We certify these expenditures are in compliance with a signature. 	ctive 11 Yes No ith any required documentat Yes required if total amount is over \$3000. all restrictions	on. (Directive 11 No If yes, att	ch completed CSUF "Directors form available on Informed ach insurance declaration CSFPF Use O	d Filler) n page. nly
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