

***Reference the CSFPF Procurement Policy to ensure procurement and contracting activities comply with applicable regulations.**

This requisition request form is not an authorization to purchase but an official request to CSFPF to issue a purchase order.

VENDOR INFORMATION _____

REQUESTER INFORMATION _____

Today's Date: _____

Request Type New Change PO# _____

Yes, payee is an employee of the CSU System or its auxiliaries.

Requester/Preparer: _____

Vendor/Payee Name: _____

Department: _____

Mailing Address: _____

Phone/Ext.: _____

Email Address: _____

Vendor Email (Email address is required for processing): _____

DESCRIPTION & JUSTIFICATION OF GOODS/SERVICES	ACCOUNT	OBJECT CODE (for CSFPF Use)	AMOUNT
Special Instructions:	TOTAL		

If the vendor has not included sales tax in the quote, current local sales tax will be applied as required by California law.

COMPLIANCE REVIEW _____

- Are there any IT expenses? **YES** (attach IT approval with authorization number) **NO**
- Are there expenditures that fall under the CSUF Directive 11? **YES** (attach D11 with required docs) **NO**
- Will the vendor be on campus? **YES** (attach vendor's insurance declaration page) **NO**

REQUISITION REQUEST INFORMATION _____

Requisition requests will be processed on a first-come, first-served basis. When required, CSFPF will submit the requisition information and supporting documentation to CSUF Contracts & Procurement Department for review and approval. Billing invoices must be sent to CSFPF for payment, and tangible items shipped to **CSUF, Shipping and Receiving - 800 N. State College Blvd., Fullerton, 92831.**

APPROVED SIGNATURES _____

Two signatures are required if the total amount is over \$3,000. Signatures must match those on file. The expenditure(s) listed above meet the educational mission, procurement policy requirements of CSFPF and CSUF, and comply with the CSFPF Account Agreement. By signing below, I attest that the requisition is made in best judgment, serves a clear business-related purpose, and has no personal benefit derived by the purchasing employee.

Requester/Preparer Signature _____ Print Name & Title _____ Date _____

Authorized Signature (as needed) _____ Print Name & Title _____ Date _____

Authorized Signature (as needed) _____ Print Name & Title _____ Date _____

CSFPF Use Only	
Vendor ID:	_____
PO #:	_____ <small>1099 Code</small>
CSFPF Signature	_____ Date _____
CSFPF Signature	_____ Date _____

Attach all supporting documentation to this Requisition Request and submit to CSFPFAP@Fullerton.edu.