

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

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

VENDOR INFORMATION

Date: _____

Vendor/Payee Name: _____

Mailing Address: _____

CSFPF Vendor ID: _____
(New vendors require a VDR 204 or W9 on file.)

REQUESTER INFORMATION

Request Type New Change PO# _____

Requester/Preparer: _____

Department: _____

Phone/Ext.: _____

Intercampus Mail Address: _____

Is payee an employee of CSU system or its auxiliaries? YES NO

DESCRIPTION & JUSTIFICATION OF GOODS/SERVICES	ACCOUNT	OBJECT CODE	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 state 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 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 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	
REQ #:	_____
PO #:	_____
CSFPF Signature	Date
CSFPF Signature	Date

Attach all supporting documentation to this Requisition Request and submit to CSFPF in CP-850.