



ASSOCIATED STUDENTS INC  
 CALIFORNIA STATE UNIVERSITY, SACRAMENTO  
 6000 J STREET  
 SACRAMENTO, CA 95819-6011

**PURCHASE ORDER REQUEST FORM**

NAME OF DEPARTMENT/PROGRAM:		
CONTACT PERSON:		PHONE:
ACCOUNT NO:	DEPARTMENT-PROGRAM NO:	
NAME OF VENDOR AND PHONE NUMBER :		VENDOR NO:
VENDOR'S ADDRESS:		
CITY:	STATE:	ZIP CODE:

**MATERIALS/SERVICE DESIRED**

QTY	DESCRIPTION	UNIT PRICE	TOTAL COST
		Sub Total	
		Fees	
		Tax	
		Shipping	

TOTAL AMOUNT:	
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REMARKS:	
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**INSTRUCTIONS for Purchase Order Requests**

- Purchase order requests less than or equal to \$5,000 are authorized by the Department Director.
- Purchase order requests greater than \$5,000 but less than \$10,000 are authorized by the Director of Finance and Administration (DFA) and Department Director
- Purchase order requests greater than or equal to \$10,000 are authorized by the Department Director, DFA and Executive Director

DEPARTMENT DIRECTOR SIGNATURE FOR AUTHORIZATION :		DATE
DIRECTOR OF FINANCE AND ADMINISTRATION SIGNATURE FOR AUTHORIZATION :		DATE
EXECUTIVE DIRECTOR SIGNATURE FOR AUTHORIZATION :		DATE