

CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION PURCHASE ORDER REQUEST

Date:		Cost Center Name:	
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PURCHASE ORDER INFORMATION

Vendor Number: (Foundation Use Only)		P.O. Number:	
Vendor Name:			
Address:			
Address:			
City, State, Zip:			

ACCOUNTING INFORMATION

Cost Center.Object:	
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SHIPPING INSTRUCTIONS

P.O. Distribution:	<input type="checkbox"/> Pick Up at FDN	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax To:	
Shipping Instructions:	<input type="checkbox"/> Pick Up	<input type="checkbox"/> Best Way	<input type="checkbox"/> Order:	
Shipping Address (Street address, Bldg & Room Number:				

<u>Description</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Amount</u>
Purchase Order Subtotal:			
Sales Tax: (If Applicable):			
Purchase Order Total:			

ACCOUNT SIGNER AUTHORIZATION

Prepared By:		MS # & Phone #:	
Approved By:		Approved By:	

FOUNDATION AUTHORIZATION

FFS Accountant:	
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