

CALIFORNIA STATE UNIVERSITY, FULLERTON
Purchase Requisition

**Leave Req. No. and
 PO No. Fields Blank.
 For C&P Use Only**

Purchase Order No. _____

Vendor _____

 Phone _____
 Contact _____

Req. No. _____ Date _____
 Department _____
 Deliver to _____ Date Wanted _____
 Requested By _____ Ext _____
 Approved by _____

Print Name _____

Signature _____

(Approver Must Be Listed in Delegation of Authority)

**NOTE: THIS IS A SPECIAL USE ONLY FORM WHICH REQUIRES PRIOR APPROVAL
 BY CONTRACTS & PROCUREMENT. PLEASE EMAIL DL-C_and_P@fullerton.edu
 FOR APPROVAL PRIOR TO SUBMITTAL.**

<input type="text"/> Account (6)	<input type="text"/> Fund(5)	<input type="text"/> Department (5)	<input type="text"/> Program (4)	<input type="text"/> Class (5)	<input type="text"/> Project (8)
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Add Row

QTY	UOM	UNIT PRICE	DESCRIPTION	AMOUNT
X				

Subtotal _____
 Tax _____
 Shipping _____
 Total _____