

Philanthropic Foundation

► Check One

Purchase Order

Check Request

T 657 278 2118 F 657 278 7666 www.fullerton.edu/foundation

CR / PO #

► Vendor/Payee	If rush check, date needed Check One Hold check for pick-up Return check to requesting dept.				
► Address					
CSFPF Vendor ID					
Is payee an employee of CSU system or its auxiliaries? $\bigcirc_{Yes} \bigcirc_{No}$	► Intercampus mail address				
Note: If payee is an employee or payment is for an employee's business expense, approval of supervisor or superior is also required in approval section below	► Phone/Ext.				
Description of merchandise and justification for disbursement		► Account	► Object Code	►Amount	
Sales tax m	ıst be included as re	equired by California Star	^{te Law} Total		
DIRECTIVE 11 COMPLIANCE					
► Is this expenditure covered by CSUF Directive 11?	0				
es, please attach completed CSUF "Directive 11 Documentation and Approval Form" a	ong with any require	ed documentation. (Direc	tive II Form available o	n Informed Fille	

Finance Dept. Attach copy of approved authorization to check request along with completed University travel claim and original receipts.

SERVICES: Payment for services may require special processing through University purchasing or payroll (refer to CSFPF website for add'l info).

SCHOLARSHIPS: Do not use this form - please use Scholarship Check Request (available under dowload forms on CSFPF website)

For completed requests payable directly by CSFPF - in by 10 am Tuesday, check available after 10 am Friday; in by 10 am Friday, check available after 10 am Wednesday

PURCHASE ORDER INFORMATION

CSFPF does not maintain a purchasing department and issues purchase orders as a courtesy to account holders. The requestor of a P.O. must place the order and make delivery arrangements directly with the vendor. Deliveries will not be accepted at the CSFPF. Submit original invoice for payment.

► APPROVED SIGNATORIES* I/we certify these expenditures are in compliance with		al amount is over \$3,000.	CSFPF ONLY	
Approved Signature	Print Name	Date	Authorized Signature	Date
Approved Signature	Print Name	Date		
Supervisor/Superior Signature (as needed)	Print Name	Date	Authorized Signature (as needed)	Date
*Approved signatories must match those on file				///////