REQUISITION * REQUISITION * REQUISITION

CAL POLY CORPORATION
TELEPHONE EXTENSION 6-1451

1. Please indicate PO type: ☐ New ☐ Supplemental — Requisition No. _____
2. Enter original PO# if this is a supplemental PO: _____
3. Order already placed? ☐ Yes ☐ No — **Certificates of Insurance on file: Yes No N/A**
   If YES indicate ☐ Phone ☐ Internet ☐ Mail ☐ Fax
4. **MAIL** PO to vendor? ☐ Yes ☐ No **OR** Via Fax? ☐ Yes ☐ No # _____
5. Requester _____
6. Requester's Phone _____
7. Requester's Dept _____

VENDOR:	PO NO.
ADDRESS:	DATE:
CITY/STATE/ZIP:	KEY/OBJ:
ATT:	PEID NO.

F.O.B. SLO,CA Ship To: ☐ Campus Dining Rec Dock ☐ PAC ☐ El Corral Warehouse ☐ Other

QUANTITY	UNIT	DESCRIPTION	ESTIMATED COST PER UNIT	ESTIMATED COST TOTAL

SUBTOTAL	0.00
TAX	0.00
FREIGHT	
TOTAL	0.00

☐ ☐

Please Note:
Incomplete requisitions cannot be processed and will be returned to the requestor for corrections. **PO's will be mailed to the Vendor unless other instructions are indicated on this form**

Effective July 1, 2004: Public Contract Code prohibits CSU employees (except for those with teaching or research responsibilities) from contracting with, or being employed by, Cal Poly Corporation if the source of the funds for the goods or services comes from CSU funds, unless required by his/her CSU employment determined by the CSU. PCC 10831

Initials:

Fixed Asset Information

Est Replacement Year _____
Est Cost _____
Dep/Am Period (months) _____

By signing below, I certify that I do not personally have, nor do I have any close relative that has, a proprietary or other financial relationship with the proposed Vendor(s). If unable to certify this statement, please provide disclosure with this requisition. Please note PCC Restrictions.

1. Pay Freight if charged:
2. Resale:
3. Prices 10% above estimate are allowable
4. Order required by (date) _____
5. Approved by _____
6. Management approval _____

Revised: 6/9/2010