Associated Students, Inc.
California State University, San Bernardino

P.O. # _____
Date: _____

REQUISITION FOR PURCHASE ORDERS AND CHECKS

Name of Requesting Committee/Organization		Date of Request
Account Number	Account Name	Date needed (allow 3 days)

Please prepare (choose one): Purchase order ☐ check ☐ for (Choose one): supplies ☐ equipment ☐ services ☐

After providing all information and obtaining the necessary signatures, please return this form to Associated Students, Inc. in the Santos Manuel Student Union building, Room 108.

Supplies and/or Equipment Description

Quantity	Unit	Description	Unit Cost	Approx. Cost

Vendor: _____

_____

_____

Subtotal _____

Tax _____

Total _____

Justification: _____

_____

Approved by *Representative of Organization/Date*	Approved by *ASI Executive Officer/Director/Date*: