

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)
<p>Please prepare (choose one): Purchase order <input type="checkbox"/> check <input type="checkbox"/> for (Choose one): supplies <input type="checkbox"/> equipment <input type="checkbox"/> services <input type="checkbox"/></p> <p>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.</p>		

Supplies and/or Equipment Description

Quantity	Unit	Description	Unit Cost	Approx. Cost

Vendor: _____

Subtotal _____
Tax _____
Total _____

Justification: _____ _____	
Approved by <i>Representative of Organization</i> /Date	Approved by <i>ASI Executive Officer/Director</i> /Date: