

**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 <input type="checkbox"/> check <input type="checkbox"/> for (Choose one): supplies <input type="checkbox"/> equipment <input type="checkbox"/> services <input type="checkbox"/>		
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 <i>Representative of Organization/Date</i>	Approved by <i>ASI Executive Officer/Director/Date:</i>