CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

REQUISITION

REQUISITION NO. _____

DATE: _____

VENDOR: _____

ADDRESS: _____

_____

CITY/STATE/ZIP: _____

QUOTER: _____

PHONE: _____ FAX: _____

Procurement Department Use Only:

PURCHASE/SERVICE ORDER NO. _____

PO TYPE_____ VENDOR ID _____

RESERVE DATE _____

BUYER CONFIRMATION # _____

CUSTOMER/ACCOUNT # _____

DATE NEEDED (Be Specific)_____

Quantity	Unit	DESCRIPTION/PART NUMBER (Color, Size, Make, Model, Length, Width, Height, Etc.)	Category/ Asset Profile	Unit Price	Extension
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
				SUBTOTAL	0.00
Service Period: _____				SALES TAX	
PROPERTY REVIEW _____ CFS REVIEW _____				SHIPPING/ HANDLING	
DELIVER MATERIAL TO: BLDG. _____ ROOM _____ EXT. _____ CONTACT _____				TOTAL	0.00

I HEREBY CERTIFY/AUTHORIZE UPON MY PERSONAL KNOWLEDGE THE ABOVE ESTIMATED EXPENDITURES ARE NECESSARY.

APPROVED BY SIGN AFTER PRINTING _____ REQUESTED BY _____

DEPARTMENT _____ DEPARTMENT _____

CFS ___ ___ ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___
Acct Fund Dept Prog Class

FISCAL YEAR _____ PAGE _____ OF _____ PAGES

TELEPHONE QUOTE WORKSHEET

VENDOR				
ADDRESS CITY				
DATE QUOTE RECEIVED				
PERSON QUOTING				
PHONE NUMBER				
F.O.B.				
TERMS				
DELIVERY				

ITEM	QUAN.	UNIT	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION
				0.00		0.00		0.00
				0.00		0.00		0.00
				0.00		0.00		0.00
				0.00		0.00		0.00
				0.00		0.00		0.00
				0.00		0.00		0.00
				0.00		0.00		0.00
				0.00		0.00		0.00
				0.00		0.00		0.00
SUBTOTAL				0.00		0.00		0.00
SALES TAX								
SHIPPING/ HANDLING								
TOTAL				0.00		0.00		0.00

N O T E S