

PURCHASE ORDER

SEND INVOICE TO:

CSU FULLERTON AUXILIARY SERVICES CORPORATION
 2600 E. NUTWOOD, STE 275, FULLERTON, CA 92831/ (714) 278-4156

OUR NUMBER MUST APPEAR ON EVERY STATEMENT, SHIPPING PAPERS AND PACKAGES

VENDOR OR PAYEE:

SHIP MERCHANDISE TO:

All spaces below should be completed. Sample approval signatures must be on file at the Foundation and agree with the signatures on this request

PO DATE	ORDERED BY	PHONE NUMBER	DEPARTMENT	ROOM NO.

PURCHASE ORDER STATUS <input type="checkbox"/> Original Order <input type="checkbox"/> Phone Order (Confirming Copy Only) Send Vendor Copy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Merchandise Received? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ By _____
--	---

DATE REC'D	QTY REC'D	QTY ORD	DESCRIPTION OF MERCHANDISE OR REASON FOR DISBURSEMENT	PROJ	OBJ	UNIT COST	AMOUNT

VENDOR: THIS PO IS VALID FOR 6 MONTHS FROM THE DATE STATED ABOVE. WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

REMARKS _____

INSTRUCTIONS

1. SUBMIT INVOICE IN DUPLICATE.
2. ACKNOWLEDGE THIS ORDER IMMEDIATELY AND GIVE A DEFINITE DELIVERY DATE.
3. IF PRICES ARE HIGHER THAN SHOWN OR LAST QUOTED, NOTIFY US AT ONCE BEFORE FILLING ORDER.
4. FURNISH TERMS SHOWN ON THIS ORDER ONLY.
5. DO NOT SUBSTITUTE WITHOUT OUR PERMISSION.

THIS PURCHASE ORDER NOT VALID UNLESS COUNTERSIGNED

APPROVED BY AUTHORIZED SIGNATURE/PROJECT DIRECTOR

By _____
PLEASE TYPE OR PRINT

APPROVED BY FOUNDATION ACCOUNTING

By _____
SIGNATURE REQUIRED

By _____

Date _____

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VENDOR COPY

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