SEND
<b>INVOICE TO:</b>

**VENDOR OR** 

**PAYEE:** 

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

**PURCHASE ORDER** 

## SHIP **MERCHANDISE TO:**

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

All spaces below should be completed. Sample approval signatures must be on file at the Foundation and agree with the signatures on this request											
PC	) DATE		ORDERED BY	PHONE NUM	BER	D	EPARTMENT			ROOM NO	
PURCHASE ORDER STATUS       Merchandise Received? Yes No         Original Order       Phone Order (Confirming Copy Only)         Send Vendor Copy? Yes No       Date											
DATE REC'D	QTY REC'D	QTY ORD	DESCRIPTION OF MERCHANI	DSIE OR REASON FOR DIS	BURSEMEN	Г	PROJ		OBJ	UNIT COST	AMOUNT
			VENDOR: THIS PO IS WE ARE AN EQUA								

### REMARKS

### **INSTRUCTIONS**

1. SUBMIT INVOICE IN DUPLICATE.

ACKNOWLEDGE THIS ORDER IMMEDIATELY AND GIVE A DEFINITE DELIVERY DATE. 2.

- 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 APPROVED BY FOUNDATION ACCOUNTING

R	v
~	J

By

Date

PLEASE TYPE OR PRINT

By

SIGNATURE REQUIRED

ACCOUNTING COPY

Date \_\_\_\_

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DATE REC'D	QTY REC'D	QTY ORD	DESCRIPTION OF MERCHANE	SIE OR REASON FOR DI	SBURSEMENT	?	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										

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VENDOR COPY

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Date

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By

SIGNATURE REQUIRED

Date \_\_\_\_

**RECEIVING COPY** 

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Date \_\_\_\_

**DEPARTMENT COPY** 

APPROVED BY FOUNDATION ACCOUNTING