

CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION
PURCHASE ORDER

Date:		Cost Center Name:	
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PURCHASE ORDER INFORMATION

Vendor Number (Foundation use only):		P.O. Number:	
Vendor Name:			
Address:			
Address:			
City, State, Zip:			

ACCOUNTING INFORMATION (One Cost Center per purchase order)

Cost Center.Object.Subsidiary:	
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SHIPPING INSTRUCTIONS:

P.O. Distribution:	<input type="checkbox"/> Pick Up At Fdn	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax To:
Shipping Instructions:	<input type="checkbox"/> Pick Up	<input type="checkbox"/> Best Way	<input type="checkbox"/> Other:
Shipping Address (Street address, Bldg & Room Number):			

<u>Description</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Amount</u>
Purchase Order Subtotal:			\$
Sales Tax: (If Applicable):			\$
Purchase Order Total:			\$

ACCOUNT SIGNER AUTHORIZATION

Prepared By:		MS # & Phone #	
Approved By:		Approved By:	

FOUNDATION AUTHORIZATION

GRANT ACCOUNTANT:	
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