



Associated Students Inc.
Cal Poly Pomona

For Office Use Only
P.O. No: _____

Purchase Order Request

*If ordering food, must attach:
List of anticipated attendees.
If a public event, attach flyer listing detail.*

Date: _____

From: _____
(Name)

(Organization)

(Telephone/Extension #)

Preparer Email Address

Ship to: _____

Vendor: _____

Phone #: _____

Please Check One Below:
Mail to Vendor
Return to Originator
Hold for Pick-Up
Account No. (All Groups) _____
Capital Project CP # _____
(Departments only)

Date of Event: (if applicable) _____

Justification for Purchase:

Quantity	Description	Unit Price	Total Amount
		Subtotal	
		Shipping	
		Tax	
		Total	

We authorize the ASI Financial Services Office to pay the vendor's invoice, not to exceed the amount of the purchase order, unless otherwise directed.

By: _____
President/Chair/Business Manager

Sponsor/Advisor

Authorized Signer Email Address
(Final auto pay notification will be sent to this email)

Signature(s)
Verified By:
