

## 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 fiver listing detail.

Date:	If a public event, attach flyer listing detail.				
From:		Ship to:			
	(Name)				
	(Organization)				
	(Telephone/Extension #)				
	Preparer Email Address				
Vendor:		Please Check O	ne Below: Mail to Vendor		
			Return to Originator		
Phone #:			Hold for Pick-Up		
i none ii.			Account No. (All Groups)		
Date of Eve	nt: (if applicable)		Capital Project CP #		
Justification	on for Purchase:		(Departments only)		
Quantity	Description	1	Unit Price	Total Amount	
			Subtotal Shipping Tax Total		
We au	thorize the ASI Financial Service	es Office to pay the ve lase order, unless othe		exceed the	
Dv.	amount of the puren	and order, arrived our			
Ву:	President/Chair/Business Manage	r	_	Signature(s) Verified By:	
	_				
			_		
	Sponsor/Advisor				

(Final auto pay notification will be sent to this email)