CHSU
CALIFORNIA HEALTH SCIENCES UNIVERSITY

Purchase Requisition Form

Business Office

All purchases must be accordance with the University's expense policy and approved by budget manager. If a P.O. number is requested, it will be assigned by the Business Office upon receipt of the completed form. If requesting a P.O. please attach supporting documents i.e. vendor quote, email, invoice, etc.

Payee Name: _____ Request Date: _____

Payee Address: _____

Scope/Purpose: _____

New Payee: Yes ☐ No ☐ **(If yes, provide W-9)** P.O. Required? Yes ☐ No ☐

Budgeted? Yes ☐ No ☐ **(If no, and over $2,500, please see page 2)**

College: Select One Department:

Payment method: ☐ Check Payment ☐ Electronic Funds Transfer (ACH) **If yes, provide completed ACH form** ☐ University Credit Card

Date Needed: _____ Time Needed: _____

Please allow at least 3-5 business days' notice after supervisor signature for all purchases.

Expense Account	Product Description (Include freight, tax and labor)	Quantity	Unit Price	Extended Cost
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
			Total	$ 0.00

Requestor Signature: _____ Date: _____

Budget Manager Approval: _____ Date: _____

CAPITAL PURCHASE ONLY

Project Title: _____

Location of Asset *(building, room, floor)*: _____

Included in Fiscal Budget? *(year/amount)*: _____

If no, please provide additional written support for purchase with President, Provost or Dean approval.

Expected Date in Service: _____ ☐ New ☐ Replacement ☐ Repair

CFO Approval: _____

RESEARCH / GRANT PURCHASE ONLY

Grant Name: _____

Item Description: _____

Included in Fiscal Budget? *(year/amount)*: _____

If no, please provide additional written support for purchase with President, Provost or Dean approval.

Item Cost: _____

OSR Approval: _____

OVER BUDGET ITEMS

**Unbudgeted items over $2,500, or purchases for expense lines that are over-budget for the fiscal year.*

Item Description: _____

Item Cost: _____

Budget Savings Department: _____ Account: _____

Next Level Supervisor Approval: _____

CFO Approval if above $10,000: _____

Business Office Use Only

Date Received: _____ ☐ Approved ☐ Denied ☐ BO Initial: ____ PO Number: _____

Coding Notes: _____

Date Entered: _____ Posting Date: _____

☐ W-9 Received (New Vendors Only) Subledger: _____ ☐ ACH Form Received