San José State
UNIVERSITY
FOUNDATION

P.O. Box 720130,
San Jose, CA 95172-0130

_____

Requisition

Order placed with vendor – Confirming P.O. #_____

REQUISITION (1)	ROUTING: (2)	AUTHORIZATION	DATE	(3)
FOR:	MAIL TO PAYEE _____	A/P _____	_____	ACCT # _____
P.O. _____	MAIL INTERCAMPUS _____	OSP _____	_____	DATE _____
CHECK _____	PHONE NUMBER IF	PMT _____	_____	PHONE _____
J.V. _____	REQUESTING HOLD _____			DEPT. _____

TO:	PEID#	A/C	DELIVER PURCHASE ORDER ITEMS TO: (NAME, BLDG, ROOM) (5)
SOCIAL SECURITY NUMBER OR FEDERAL ID NO._____			

QTY	DESCRIPTION (6)	UNIT PRICE	AMOUNT
		SUBTOTAL	
		TAX	
		SHIPPING	
TOTAL USE TAX	AMOUNT / MISC CODE	TOTAL	

I certify that the expenditures incurred are appropriate to this account and no other source or reimbursement will be claimed.

_____ Authorized Signature

_____ Date

ACCOUNTING USE ONLY						
QTY/TAXABLE AMT	ACCOUNT#/OBJ CODE	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	MISC CODE	NON-TAX SHIPPING

PLEASE CHECK ALL OF THE FOLLOWING THAT APPLY UNLESS ACTIVITY OR ITEM FOR WHICH PAYMENT IS REQUESTED CLEARLY SUPPORTS THE EDUCATIONAL MISSION AT SJSU:

- ☐ 1. Contribute to community understanding of and support for SJSU programs.
- ☐ 2. Strengthens ties with alumni and other donors to SJSU Programs.
- ☐ 3. Establishes or enhances interaction between SJSU and other educational, cultural, or charitable organizations
- ☐ 4. Enhances university outreach to prospective SJSU students
- ☐ 5. Enhances collegiality and communication between faculty and administrators.
- ☐ 6. Facilitates he recruitment of high quality faculty and administrators.
- ☐ 7. Other _____

SAN JOSE STATE UNIVERSITY FOUNDATION
INSTRUCTIONS FOR PREPARING REQUISITION FORM

PLEASE type or print clearly. DO NOT TYPE IN SHADED AREAS.

This form is used to request the issuance of a check or purchase order for the purpose described below. DO NOT USE FOR PAYROLL FOR INDEPENDENT CONTRACTOR.

I. GENERAL PURPOSE – CHECK REQUEST

A. EXPENCE ADVANCES OR TRAVEL ADVANCES: Advance checks for expenses to be incurred involving Foundation business. Home address and social security number are required for settlement purposes. Travel advances will not be processed without fully signed Travel Authorization.

B. REIMBURSEMENT TO INDIVIDUALS FOR TRAVEL OR OTHER EXPENSES RELATED TO UNIVERSITY BUSINESS: Same as "1" above.

C. PREPAYMENT OF REGISTRATION FEE FOR CONFERENCES: Please include a copy of the registration information for our records. If absence from work will exceed four hours and/or will require travel over 25 miles from workplace, please submit fully signed Travel Authorization.

D. ESTABLISHMENT OF REPLENISHMENT OF PETTY CASH FUNDS.

E. SUBSCRIPTIONS: Please attach documentation (e.g. invoice)

F. SPECIAL PURPOSE USAGE: Check requests for royalty payments, refunds, insurance payments, permits, tax payments, invoices.

II. REQUEST FOR PURCHASE ORDER: ALL VENDOR PURCHASES: Issues separate requisition for supplies and equipment.

A. ALL SUPPLIES AND EQUIPMENT PURCHASES

B. ALL REQUISITIONS FOR EQUIPMENT (equipment is defined as an item costing $5000 or over with useful life of 2 years or longer) must be accompanied by three quotations or justifiable sole source.

C. SOLE SOURCE: When the item you are requesting must match with existing equipment needed to maintain standardization, or when continuity of service is required, please explain that in a separate signed memo stapled to the requisition.

D. UNIQUE: When the item or service you are requesting is unique, or has unique featured which make it the only one which will meet your requirements, please explain your requirements in detail in a separate memo stapled to the requisition.

III. PREPARATION INSTRUCTIONS

1. REQUISITION FOR: Check appropriate line to indicate whether a check or purchase order is to be issued.
2. CHECK/P.O. ROUTING INSTRUCTIONS:

   MAIL TO PAYEE: Provide in item "4" complete address.
   HOLD FOR PICKUP: Give name & phone number of person to contact when check is ready.

3. ACCOUNT #: Enter the SJSU Foundation account number or numbers to be charged.
   DATE: Enter the month, day and year in which the form is being completed.
   PHONE: Enter telephone extension of the individual requesting the check or P.O.
   DEPARTMENT: Enter name and department issuing request.
4. ISSUE CHECK OR P.O. "TO": Enter the full name of the individual or vendor to receive the check or purchase order.
5. DELIVER PURCHASE ORDER ITEMS TO: Please fill in name, building, and room number. NOTE: This is so that the University Receiving Department will know where to deliver the items.
6. DESCRIPTION: Enough description to clearly describe items requested (i.e. Catalog number), quality, amounts and extensions.
7. SIGNATURE: PROJECT AUTHORIZED SIGNATURE ONLY – If a person has not been authorized to sign on a project, the requisition will be returned for authorized signature.