



SAN JOSÉ STATE UNIVERSITY

TOWER FOUNDATION

REQUISITION/PURCHASE ORDER FORM

One Washington Square
San Jose, CA 95192-0183
Ph: 408-924-1161
Fax: 408-924-1512
www.sjsu.edu/towerfoundation

REQ # _____
ACCT # _____
DATE _____
CONTACT _____
PHONE _____
DEPT. _____

REQUISITION:

- Check
- Reclassification

PURCHASE ORDER:

P.O. Number _____
(Vendor payment invoices to be sent to Tower Foundation, referencing acct number above.)

ROUTING:

- Mail to Payee
- Mail Intercampus, Ext ZIP _____
- Pick-up Phone _____

TO (Vendor): <hr style="width: 30%; margin-left: 0;"/>	Deliver Purchase Order Items to: (Name, Building, Room) <hr style="width: 30%; margin-left: 0;"/>
Social Security Number or Federal ID Number _____	

QTY	DESCRIPTION	UNIT PRICE	AMOUNT
		SUBTOTAL	
		TAX	
		SHIPPING	
		TOTAL	

I certify that the expenditures incurred are appropriate to this account and no other source or reimbursement will be claimed. My signature below also certifies that the activity or item for which payment is requested supports the educational mission of San Jose State University and complies with pertinent SJSU and Tower Foundation policies.

Authorized Signature

Date

<i>Tower Foundation Accounting Use Only</i>			
OBJECT CODE	INVOICE NUMBER	INVOICE AMOUNT	ADDTL TAX
Tower Foundation Approval:		Date:	
HT Entered by:		Date:	