

REQUISITION/PURCHASE ORDER FORM



TOWER FOUNDATION

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 San Jose, CA 95192-0183
 Ph: 408-924-1161
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 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: 80%; margin-left: 0;"/>	Deliver Purchase Order Items to: (Name, Building, Room)
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 José 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:	

REQUISITION/ PURCHASE ORDER FORM

I. GENERAL PURPOSE – CHECK REQUISITIONS

- A. **General Reimbursements:** Such as payments of independent contractors, supplies, materials, subscriptions, postage, mailings, and other expenses necessary to accomplish the general purpose of the account.
- B. **For Independent Contractors:** Once an independent contractor has completed an agreement defining the scope of services and other related terms and conditions, any invoices submitted by the contractor shall be processed using the requisition form.
- C. **Reclassifications:** To transfer funds between Tower accounts or to correct an expense which has been incorrectly charged to an account, complete the requisition describing the transfer needed and why.

II. VENDOR PURCHASE ORDER REQUESTS:

- A. **All Supplies and Equipment Purchases.** Complete this form in order to establish advance purchasing with a vendor. Items should be delivered directly to the department of the account holder. Once goods are received, receipt information should be forwarded to Tower.
- B. **Purchases For Equipment, Furniture and Other Assets.** In general, all assets should be purchased with advance approval and an established vendor purchase order in place. Assets are defined as an item costing \$5,000 or more with useful life of 2 years or longer. Asset purchases should be pre-arranged through purchase orders and should be accompanied by three quotations or justifiable sole source. Sole source can be used when the item you are requesting must match with existing equipment needed to maintain standardization, or when continuity of service is required; or when the item or service you are requesting is unique, or has unique features which make it the only one which will meet your requirements. Please explain your sole source in detail in a separate memo submitted with the requisition.

III. HOW TO COMPLETE THIS FORM:

- 1. **ACCOUNT NUMBER, DATE, CONTACT NAME, PHONE AND DEPARTMENT** information are required in the top right box.
- 2. **REQUISITION FOR:** Check appropriate box to indicate whether requesting a check or expense reclassification.
- 3. **PURCHASE ORDERS:** Check box if a P.O. is required. Tower Foundation will provide a P.O. number. If a telephone P.O. is needed, call Tower directly at 4-1161 and one will be issued.
- 4. **ROUTING INSTRUCTIONS:**
 - Mail To Payee:** Provide the complete address in Vendor box below and check will be mailed.
 - Intercampus Mail:** Provide extended zip and the check will be delivered via intercampus mail.
 - Hold For Pickup:** Provide an on-campus extension and the department will be called when the check is ready for pick-up.
- 5. **“TO” VENDOR INFORMATION:** Enter the full name of the individual or vendor to receive the check or purchase order.
- 6. **DELIVER PURCHASE ORDER ITEMS TO:** Please fill in name, building, and room number. This advises the University Receiving Department on where to deliver the items.
- 7. **DESCRIPTION:** Provide sufficient information to clearly describe items, quantity, amounts, taxes, shipping, etc.
- 8. **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.

