

DEPARTMENT \_\_\_\_\_

REQUESTED BY \_\_\_\_\_

BUILDING \_\_\_\_\_ ROOM # \_\_\_\_\_

PHONE NO \_\_\_\_\_

APPROVED BY \_\_\_\_\_

(Dean/Fiscal Officer)

SPECIAL INSTRUCTIONS: \_\_\_\_\_



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

OFFICE OF PROCUREMENT AND CONTRACTS  
(310) 243-3799

REQUISITION NO \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_

DATE WANTED \_\_\_\_\_

DEPARTMENTAL REQUISITION

<b>VENDOR A</b>	Name: _____				<b>Procurement and Contracts Use Only</b>					
	Address: _____									
	City, State, Zip: _____									
	Telephone: _____									
<b>VENDOR B</b>	Name: _____									
	Address: _____									
	City, State, Zip: _____									
	Telephone: _____									
<b>VENDOR C</b>	Name: _____									
	Address: _____									
	City, State, Zip: _____									
	Telephone: _____									

STATE CONTRACT NO. \_\_\_\_\_

STATE PRICE SCHEDULE \_\_\_\_\_

VENDOR NO. \_\_\_\_\_

COMMODITY CODE \_\_\_\_\_ VEN. CLASS \_\_\_\_\_

CAL TRANS CERT \_\_\_\_\_ EXP. \_\_\_\_\_

PURCHASE ORDER NO. \_\_\_\_\_

CSUDH RFQ/IFB NO. \_\_\_\_\_

Line No.	QTY.	U/M	Stock No.	Description	VENDOR A		VENDOR B		VENDOR C	
					UNIT	EXT.	UNIT	EXT.	UNIT	EXT.

Account	Fund	Dept ID	Program	Class	Proj/ Grant

Sub Total					
Sales Tax					
Shipping Charges					
Total					
Payment Terms					
Promised Delivery					
Contact					