

CALIFORNIA STATE DOMINGUEZ HILLS FOUNDATION
1000 E. VICTORIA ST., CARSON, CA. 90747 (310) 243.3306

Section 1:

Date: _____ P.O. #F _____

***Purchase Order Number and Recipient's Name must appear on all Invoices, packages, and shipping papers.**

Vendor Deliver To:

Receiving Dept.

Recipient's Name:

CSU Dominguez Hills
1000 East Victoria St.
Carson, CA 90747

RM#:

Send Invoice To:

ATTN: Accounts Payable
CSUDH Foundation
1000 East Victoria St.
Carson, CA 90747

Section 2: Vendor Information

Name:

Vendor Email:

Address:

Phone #:

Fax #:

Vendor Contact Name:

Fed. Tax ID #

Quantity	Unit	Description/Justification for Purchase	Unit Price	Total Price
			Subtotal	
Approvals		Print Name	Signature	Sales Tax 9.5% \$
Signer 1				Shipping \$
FN Approval				Total \$

Vendor Note: Two signatures required for valid PO

Customer: Attach Additional Sheets if Needed

Section 3: Requester Information

Campus Contact Name/Extension _____

Foundation Account #: _____ Object Code: _____

PEID:	Acct. Bal.
--------------	-------------------

**EQUAL OPPORTUNITY CLAUSE
(Incorporated by Reference)**

"The Equal Employment Opportunity Clause required under Executive Order 11246, the affirmative action commitment for disabled veterans and veterans of the Vietnam era, set forth in 41 CFR 60-250.4, the affirmative action clause for disabled workers, set forth in 41 CFR 60-741.5(a), and the related regulations of the Secretary of Labor, 41 CFR Chapter 60, are incorporated by reference in this purchase order. By accepting this purchase order, vendor certifies that it complies with the authorities cited above, and that it does not maintain segregated facilities or permit its employees to perform services at locations where segregated facilities are maintained, as required by 41 CFR 60-1.8."