

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.**

CHECK THIS BOX IF PURCHASING WITH YOUR PERSONAL FOUNDATION P-CARD

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
 Email: pyoung@csudh.edu
 Mailing: CSUDH Foundation 1000 East
 Victoria St. Cain Lib. 3rd floor
 Carson, CA 90747

Section 2: Vendor Information

Name: _____ Vendor Email: _____
 Address: _____ Phone #: _____ Fax #: _____
 Vendor Contact Name: _____
 Fed. Tax ID # _____

BUSINESS PURPOSE (required)

Quantity	Unit	Description	Unit Price	Total Price
			Subtotal	
Approvals	Print Name	Signature	Date	Sales Tax 10.25% \$
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: _____
 UEI # _____ (Required for all accounts that start with 5)

FOR PURCHASES GREATER THAN \$10,000, COMPLETE NEXT PAGE

FOR FOUNDATION USE ONLY

PEID:

Acct. Bal.



FOUNDATION

Purchase Justification Form

- For purchases greater than \$10,000, obtain at least three written quotes.
- Sole Source Justification is required for purchases greater than \$10,000.
- For sole source vendors, complete vendor information and selection justification sections.
- Purchases at and over \$250,000 require publicly solicited bids.
- Service engagements require agreements, please see Service and Contract Agreement Guide **Attach Agreement to PO**

Vendor Information (Selected Vendor)

Vendor Name	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Phone Number	<input type="text"/>	Email	<input type="text"/>		
Total Cost Quoted	<input type="text"/>	Name of Contact	<input type="text"/>		

Selection Justification (Sole Source Justification)

State any considerations, such as price, product quality, terms, existing equipment compatibility, etc., which will justify the vendor selection.

Check if appropriate: Small Business Minority-owned

Other Vendor Quotes

List at least two other vendors contacted for this purchase.

Vendor Name:	<input type="text"/>	Vendor Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
City/State/Zip:	<input type="text"/>	City/State/Zip:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>
Total Cost Quoted:	<input type="text"/>	Total Cost Quoted:	<input type="text"/>
Name of Contact:	<input type="text"/>	Name of Contact:	<input type="text"/>
<input type="checkbox"/> Small Bus. <input type="checkbox"/> Minority-owned		<input type="checkbox"/> Small Bus. <input type="checkbox"/> Minority-owned	

(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."

Foundation Use Only: P.O. #