

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: FoundationAP@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	
<b>Approvals</b>			Sales Tax 10.25%	\$
	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>	Shipping
Signer 1				\$
FN Approval			<b>Total</b>	\$

**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: \_\_\_\_\_

**Please note that Purchase Orders have a 7-10 business day processing time.**

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

FOR FOUNDATION USE ONLY



# 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. #