



Associated Students Inc.  
Cal Poly Pomona

**For Office Use Only**  
P.O. No: \_\_\_\_\_

### Purchase Order Request

*If ordering food, must attach:  
List of anticipated attendees.  
If a public event, attach flyer listing detail.*

Date: \_\_\_\_\_

From: \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Organization)  
\_\_\_\_\_  
(Telephone/Extension #)  
\_\_\_\_\_  
Preparer Email Address

Ship to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vendor: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
\_\_\_\_\_

**Please Check One Below:**  
Mail to Vendor   
Return to Originator   
Hold for Pick-Up   
Account No. (All Groups) \_\_\_\_\_

Date of Event: (if applicable) \_\_\_\_\_

**Justification for Purchase:**

Quantity	Description	Unit Price	Total Amount
		Subtotal	
		Shipping	
		Tax	
		Total	

***We authorize the ASI Financial Services Office to pay the vendor's invoice, not to exceed the amount of the purchase order, unless otherwise directed.***

By: \_\_\_\_\_  
**President/Chair/Business Manager**  
\_\_\_\_\_  
**Sponsor/Advisor**  
\_\_\_\_\_  
**Authorized Signer Email Address**

Signature(s)  
Verified By:  
\_\_\_\_\_