



CAL STATE L.A. UNIVERSITY AUXILIARY SERVICES, INC.
CONTRACT & GRANT ADMINISTRATION
PURCHASE ORDER

REQUISITION NO. _____

Account	Fund	Org	Program	Project ID	P.O. No.	P.O. Date
	900	76000	2002	2	G	

INVOICE, CORRESPONDENCE, ALL SHIPPING PAPERS AND PACKAGES MUST REFERENCE P.O. NUMBER

Vendor _____

Contact Person _____ Extension _____
 Department _____ Room # _____

If price of materials or services will exceed the stipulated amount on this purchase order, in excess of 10% or \$50, whichever is greater, vendor is **not to proceed** with filling the order **until** receipt of a revised purchase order or by the written and/or verbal **authority of an authorized UAS official.**

BILL TO:

SHIP TO:

CAL STATE L.A.
 UNIVERSITY AUXILIARY SERVICES, INC.
 CONTRACT & GRANT ADMINISTRATION
 5151 STATE UNIVERSITY DRIVE, ADM 307
 LOS ANGELES, CALIFORNIA 90032

CALIFORNIA STATE UNIVERSITY, LOS ANGELES
 RECEIVING DEPARTMENT, BUNGALOW X
 5151 STATE UNIVERSITY DRIVE
 LOS ANGELES, CALIFORNIA 90032

QUANTITY/UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
		\$	\$

EQUIPMENT AVAILABILITY CERTIFICATION

I CERTIFY THAT I HAVE MADE ALL REASONABLE EFFORTS TO DETERMINE THE AVAILABILITY OF SUITABLE SURPLUS EQUIPMENT AND NO AVAILABLE EQUIPMENT COULD BE LOCATED, _____

P.D./P.I. INITIALS

(UAS use only)

Full Payment: _____ Funds Available _____ Valid Expenditure _____ Signature Verification _____
 Ck. # _____ Date _____ \$ _____
 Partial Payment:
 Ck. # _____ Date _____ \$ _____
 Ck. # _____ Date _____ \$ _____
 Ck. # _____ Date _____ \$ _____

(UAS use only)	
ACCOUNT	AMOUNT
TOTAL	\$

AUTHORIZED ACCOUNT SIGNATURE (Project Director/Principal Investigator)

AUTHORIZED UAS SIGNATURE