



California State University, Sacramento
Requisition Form

Requisition Date:

SUGGESTED VENDOR:

CFS Vendor Number:

Name:

Address:

City/State:

Zip Code:

Phone:

Date Price Obtained:

From Whom:

PROCUREMENT SERVICES ONLY:

Purchase Order #:

Buyer:

Order Type:

Freight Term:

Distribute by: ☐ Amt ☐ Qty

Taxable: ☐ Yes ☐ No

Standard Comments:

Upon completion, please submit to Procurement and Contract Services, Campus Zip 6008

Line Item No.	Quantity	UOM	Description	Unit Price	Extended Price
Total:					

Comments:

PROCUREMENT USE ONLY

Procurement and Contracts Managers Approval

Approved

Date

Department Name:

Account:

Mail Zip Code:

Fund:

Requested By:

Dept ID:

Approved By:

Program/Class: