

CALIFORNIA STATE UNIVERSITY, LONG BEACH
REQUEST FOR PAYMENT OR PURCHASE
 (Request accepted on this form only)

OFFICE USE ONLY	
ADV#	
PO#	
ENT BY	

Please check appropriate box

ASSOCIATED STUDENTS

UNIVERSITY STUDENT UNION

Account Number

Group or Account Name

Make Check or Purchase Order Payable To (one vendor per RPP):

NAME		DATE
ADDRESS		
CITY	STATE	ZIP

CHECK ONE: CHECK

CHECK ONE: HOLD

PURCHASE ORDER

DEPOSIT

MAIL

QUANTITY	DESCRIPTION OF PURCHASE (Include invoice numbers or dates of service if possible)	UNIT PRICE	COST

Documentation Attached:

PRC FORM _____ INVOICES _____
 TRAVEL AUTHORIZATION _____ BIDS _____
 PRINTED MATERIALS _____ RECEIPTS _____
 CONTRACT & W-9 _____

Subtotal	
Tax	
Total	

REQUESTED BY:			
PRINT NAME	SIGNATURE	DATE	PHONE#
APPROVED BY:			
PRINT NAME	SIGNATURE	DATE	PHONE#
APPROVED BY:			
PRINT NAME	SIGNATURE	DATE	PHONE#

FOR OFFICE USE ONLY

BALANCE	PICKED UP BY	MAILED
VERIFIED BY	RELEASED BY	DATE