# SDSU Research Foundation LogoPurchase Requisition – Standard

All items must be completed. Sample signatures of authorized approving representatives must be on file in the Foundation and must agree with signatures on this request. Forward completed document to your Sponsored Research Administrator or MC-1934 for approval.

Requisition #:

If this is a request for a Change Order provide original PO#:

This row is to be completed by buyers only. Change Sequence #:

Note to Transactions Team: Do not input change orders in FPAREQN. Forward paper document to the Purchasing Department.

Complete this box if you have notes, comments, and special instructions to be entered in document text. Text Exists (circle one): Yes or No Attachments (circle one): Yes or No

PI and Project Requestor: Department/Project:

Building: Floor: Room #:

Mail Code: Ship Code (if known):

Telephone Extension: Fax Extension:

Requestor Email: Need Goods/Services by (Date):

Vendor Code (if known): Vendor Name:

Vendor Address:

Customer Account # (if known):

Full Name of Contact: Contact Email:

Vendor Telephone: Vendor Fax:

Shipping Method (circle one): Standard or Express

Note to Department/Project: Delivery point will be the ship code or department information indicated above. You may check your ship code at <http://www.foundation.sdsu.edu> under Grant and Project Information.

| **Fund** | **Org** | **Account** | **Percent** | **Amount** |
| --- | --- | --- | --- | --- |
|  | N/A |  |  |  |
|  | N/A |  |  |  |
|  | N/A |  |  |  |
|  | N/A |  |  |  |

| **Item:** | **Quantity:** | **Units of Measurement:** | **Catalogue Number:** | **Description:** | **Unit Price:** | **Extended Amount:** |
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If Applicable, provide brief justification (e.g. how does this relate to project research):

A conflict of interest exists in any situation in which a person having official responsibilities for SDSU Research Foundation is empowered to make decisions on behalf of their project/department and who, as a result of that authority, can potentially benefit personally, directly or indirectly, from an entity or person conducting business with SDSU Research Foundation. Any conflict must be disclosed in full and reviewed by the dean of the college. SDSU Research Foundation reserves the right to deny the selection of the individual as a Contractor if the conflict cannot be mitigated.

I certify that I will not receive any benefit either directly or indirectly, from the Contractor named above.

Requestor: Date:

Approved By: Date:

Approved By: Date: