

SDSU RESEARCH FOUNDATION

PURCHASE REQUISITION

Please upload this request in MyRF and route as required to your SRA Grant Specialist for approval.

Vendor Code (if known):	PI and/or Requestor :	If this is a change order request, please reference the original PO number below.
Vendor Name:	Requestor Email:	
Vendor Address:	Requestor Phone No:	
	Requestor Mail Code & Bldg/Rm No:	PO No:
(Invoices billed at Net Terms will be sent to the PI/Requestor noted above for signature approval through Accounts Payable.)		
Full Name of Contact:	Order Recipient Name:	Please reference the full delivery address if this order will be going to an off-campus location such as Imperial Valley Calxico or Brawley. <i>Not required for Alvarado or Sky Park locations.</i>
Vendor Email:	Delivery Location:	
Vendor Telephone:	(Bldg/Room No.)	
Vendor Fax:	Deliver By Date:	

	FUND	ORG	ACCT	%	OR \$ AMOUNT		
Note to Department/Project: Please note the standard turnaround time for orders will be 3-5 working days when possible. Please mark as a rush if the order is a critical need such as safety, equipment repair, airfare and other reasonable requests.						For orders exceeding \$10,000.00, please include alternate quotes or a Sole Source Justification form as required.	
							Attachments: () YES () NO

ITEM	QTY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED AMOUNT

If applicable, provide a brief justification as how this order might pertain to your research. (Please do not add shipping directions in this section - see above.)	Sub-total
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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.	Tax	
REQUESTOR: _____ DATE _____	Shipping	
APPROVED BY: _____ DATE _____	TOTAL	
APPROVED BY: _____ DATE _____		