



MANUAL REQUISITION

University Hall 180
Phone: (818) 677-2301
Fax: (818) 677-6544
Mail Code: 8231
Email: purch@csun.edu

REQ ID: _____ REQ DATE: _____ DUE DATE: _____ REQUESTOR: _____

DEPARTMENT NAME: _____ MAIL CODE: _____ OPERATOR ID: _____

EXT: _____ DEPT. PICK UP: Y N SHIP TO: CSUN REC V _____ DELIVER TO: _____

LOCATION: _____

VENDOR NAME: _____ PHONE: _____ FAX NO: _____ EMAIL: _____

LINE 1 Qty: _____ Unit: _____ Unit Cost: \$ _____ Extension: \$ _____

DESCRIPTION: _____

REQUIRED CHARTFIELDS:

Account: _____ Fund: _____ Dept. ID: _____ Program: _____ Class: _____ Project: _____ Amount: \$ _____

LINE 2 Qty: _____ Unit: _____ Unit Cost: \$ _____ Extension: \$ _____

DESCRIPTION: _____

REQUIRED CHARTFIELDS:

Account: _____ Fund: _____ Dept. ID: _____ Program: _____ Class: _____ Project: _____ Amount: \$ _____

LINE 3 Qty: _____ Unit: _____ Unit Cost: \$ _____ Extension: \$ _____

DESCRIPTION: _____

REQUIRED CHARTFIELDS:

Account: _____ Fund: _____ Dept. ID: _____ Program: _____ Class: _____ Project: _____ Amount: \$ _____

LINE 4 Qty: _____ Unit: _____ Unit Cost: \$ _____ Extension: \$ _____

DESCRIPTION: _____

REQUIRED CHARTFIELDS:

Account: _____ Fund: _____ Dept. ID: _____ Program: _____ Class: _____ Project: _____ Amount: \$ _____

FINANCIAL APPROVER: _____ PRINT NAME: _____ DATE: _____