Clear Form Print

Sacramento State Athletics
Expenditure Request

Preferred Vendor (final vendor will be decided by Procurement)

Company: _____ **Team/Dept:** _____

Address: _____ **Requester:** _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Contact: _____

☐ **Championship**
☐ **Camp Expense**
☐ **Use Camp Revenue**

CSU POLICY: Procurement is vested with the sole authority to issue purchase orders and to obligate the University. No division or office may place direct orders. Athletics will assume no obligations except on a previously issued and duty authorized purchase order.

Line #	Qty	Unit	Fund	Description	Unit Price	Total
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
	1	**FR**		**Freight**		
					Total	0

Purpose:

Special Instructions: _____

Requester Signature: _____ Date: _____
Budget Check: _____ Date: _____
AD Approval: _____ Date: _____

Business Office Use:

Date entered in CMS _____ Date Approved _____
Entered by _____ Approved by _____
Req # _____ Req Date _____
Log _____ Logged by _____