

Complete this form for all purchases of goods & services that do not qualify for direct pay processes via check request, reimbursement, P-Card, STLS, or other methods

Instructions: For institute or trust accounts, substitute "Program" or "Principal Investigator" with "Account" or "Account Holder".

How to submit completed form: Complete fields below and attach any quotations, budgets, or other pertinent information

Submit Forms to **Research and Sponsored Programs:** mark.vidal@csueastbay.edu

1. Program Name _____
 Principal Investigator/Dept _____
 Delivery Address _____
 Telephone _____
 Program Chartfield _____

Account	Fund	Dept ID	Program	Class	Project
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2. Item Type Equipment Good Service Subcontract Other

3. Requested Vendor _____
 Contact Person _____
 Address _____
 Telephone/Fax/Email _____
 Website _____

4. Requested Item(s) Describe item or service. Include manufacturer, model #, size, color, or other pertinent specifications and attach vendor quote for each item. For services, attach a complete statement of work specifying deliverables and due dates

		Qty	Unit Price	Total
1.				
2.				
3.				
4.				
5.				
Purchase Order Total (before tax & shipping)				

5. Required Delivery Date (enter due date for item delivery or period for provision of services) _____

6. Program Benefit If item(s) is/are not specifically identified in approved budget, explain how this purchase benefits the program:

7. Sole Source Provide reason why other vendors cannot be considered for this procurement:

8. Required Quotes Purchase order total below \$5,000: attach one written price quote from vendor.
 Unless No. 7 above is completed, for purchase order total between \$5,000 - \$49,999: attach three written price quotes from three different vendors.
 Unless No. 7 above is completed, for purchase order total \$50,000 or greater, **do not obtain price quotes**. The University will handle the solicitation process pursuant to open competition requirements.

PI Signature/Approval	Date	ORSP Signature /Approval	Date
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