THIS FORM MAY BE USED FOR COMMODITY PURCHASES AND LIMITED OFF CAMPUS SERVICES, NOT TO EXCEED $2,500.
(See allowable services at the bottom)

Check Appropriate Boxes:

<table>
<thead>
<tr>
<th>Type of Recipient:</th>
<th>* Vendor Payment</th>
<th>** Employee Reimbursement</th>
<th>** Student Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Buy:</td>
<td>Equipment &gt; $500</td>
<td>*** Membership/Subscriptions</td>
<td>**** Limited Allowable Services</td>
</tr>
</tbody>
</table>

CANNOT EXCEED $2,500

Date: 

Name/Payable To:

Campus Department. For Cal Poly Employee and Student Reimbursements:

Off Campus Vendor Address:

Special Instructions:

Reason for the request (attach required documents; receipts, invoices, membership forms etc.):

PeopleSoft Chartfields to be charged:

<table>
<thead>
<tr>
<th>AMOUNT</th>
<th>FUND</th>
<th>DEPT ID</th>
<th>ACCOUNT</th>
<th>PROGRAM</th>
<th>CLASS</th>
<th>PROJ/GRANT</th>
</tr>
</thead>
</table>

I certify that the above information is true and correct and that payments for these items have not previously been received or sent.

Requested by: (please type/print) 

Signature: 

Date: 

Approved by: (please type/print name and title) ✡ 

Signature: 

Date: 

Department: 

Contact Name: 

Phone #: 

ën Must have signature authority on chartfields listed, and hold an employment classification of MPP, Dept. Head, Dept. Chair or Confidential

* Vendor Payment - Attach invoice from vendor
** Employee/Student Reimbursement - Attach original receipts
*** Membership/Subscriptions - Attach membership/subscription form to Direct Buy Form

**** Allowable Services, $2,500 OR LESS

- Conference/Training Registration Fees
- Professional Dues
- Printing (Printing Partners)
- Shrink wrapped software not requiring license/maintenance agreements
- Other Services not listed require Pre-Approval from Contracts Procurement & Risk Mgt. ext. 6-2232 (pre-approval must be documented and attached)

AP USE ONLY

VENDOR #:

VOUCHER #: