

Vendor Payment Request Form

Payment Services 01-128 sbs-payment@calpoly.edu



CAL POLY

This form shall be...

USED TO: Request a payment to a vendor for low dollar purchases (\$2,500 or less) of Allowable Goods and Off-Campus Services (see below). **Only use one Vendor Request Form per invoice**

NOT USED FOR: Service(s) on campus (any amount), goods or services off campus exceeding \$3,500, travel expenses, nor to reimburse Employees, Students or other persons. For reimbursements, use the **Reimbursement Form**

Payments of \$2,500 OR LESS

[Reimbursement Info](#)

Allowable Good and Off-Campus Services

Postage	Off-Campus Equipment Repair	Software w/o License or Agreement*
Professional Dues	Film Rental/Musical Scores	Furniture with no services*
Printing	Advertisements	<i>* Must have an approved waiver number from Procurement, see step 4 below</i>
Supplies	Photography/Videos (off-campus only)	

Step 1: Vendor Information	
New or Existing Vendor (select one):	Vendor Name (to appear on Check):
<i>*See Step 4</i>	
Vendor Remit Address	
Line 1:	
Line 2 (Optional):	
City, State, Zip Code:	
Cal Poly Department and Contact Information	
Department:	
Requestor's Name:	
EXT:	email:

Step 2: Request Information	
Does your department have a P-card?	
If Yes, why wasn't it used for this purchase?	
Request Date:	
Request Amount (Invoice Total):	
Invoice Date:	Invoice Number:
Reason for the Request:	Special Instructions:

Step 3: Provide PeopleSoft Chartfields to be Charged						
FUND	DEPT ID	ACCOUNT	PROGRAM	CLASS	PROJ/GRANT	AMOUNT

Total: _____

Step 4: Required Documents and Information (attach or enter as appropriate)	
<input type="checkbox"/> W-9 or Vendor Data Form, if New Vendor	<input type="checkbox"/> Procurement Waiver number, if applicable
<input type="checkbox"/> Invoice or other bill from Vendor	Waiver #: _____

Step 5: Cal Poly Requestor's Signature		
By signing below, I understand the goods provided above have been included in accordance with applicable Cal Poly and California State University policies and they have not already been paid by any other means or entities on campus, including a reimbursement to me. <i>I also certify</i> that I have attached all receipts, and/ or invoices. and proper back up related to this request.		
Signature:	Name:	Date:

Step 6: Cal Poly Approving Official Signature		
By signing below, I certify that I have reviewed and approved what is written above, it has been received in good condition and all corresponding documentation as related to this payment request. I also certify I have signature authority for the chartfields listed above and hold a minimum classification of MPP, Dept. Head, Dept. Chair, or Confidential.		
Signature:	Name:	Date: