CAL POLY POMONA FOUNDATION, INC.

REQUEST FOR INVOICE

PLEASE INVOICE:	DATE:
	VENDOR INFORMATION:
	CONTACT PERSON:
PURCHASE ORDER:	TITLE:
EVENT DATE:	TELEPHONE NO:
CONF./WORKSHOP NAME:	SOURCE OF PMT:

DATE	QUANTITY	UNIT PRICE	ACCOUNT NUMBER	DESCRIPTION	AMOUNT
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
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					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

REV. 6/99

TOTAL
0.00

AUTHORIZED SIGNATURE

Printed Name