



CALIFORNIA  
STATE UNIVERSITY  
NORTHridge

Solar Financials

**EOC LOGISTICS RESOURCE REQUEST FORM**  
**EOC Incident Number 2020-1**  
**EOC – 213RR**

University Hall 360

Email: [covid19expense-c@csun.edu](mailto:covid19expense-c@csun.edu)

**ANY PURCHASES MADE MUST HAVE "6COVID\_19" IN THE PROJECT FIELD**

**REQUESTOR INFORMATION:**

REQUESTOR NAME: \_\_\_\_\_ DEPT ID: \_\_\_\_\_ EMAIL: \_\_\_\_\_ EXT: \_\_\_\_\_

PCARD	DIRECT PAY	REQUISITION #: _____
ITEM: _____	QTY: _____	COST \$: _____ TOTAL AMOUNT \$: _____
DESCRIPTION: _____		
CHARTFIELD ACCT: _____	FUND: _____	DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT-6COVID_19
DELIVERY LOCATION: _____		
JUSTIFICATION OF PURCHASE: _____		

PCARD	DIRECT PAY	REQUISITION #: _____
ITEM: _____	QTY: _____	COST \$: _____ TOTAL AMOUNT \$: _____
DESCRIPTION: _____		
CHARTFIELD ACCT: _____	FUND: _____	DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT-6COVID_19
DELIVERY LOCATION: _____		
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PCARD	DIRECT PAY	REQUISITION #: _____
ITEM: _____	QTY: _____	COST \$: _____ TOTAL AMOUNT \$: _____
DESCRIPTION: _____		
CHARTFIELD ACCT: _____	FUND: _____	DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT-6COVID_19
DELIVERY LOCATION: _____		
JUSTIFICATION OF PURCHASE: _____		

DEPT MANAGER NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MANAGER SIGNATURE FOR APPROVAL OF PURCHASE: \_\_\_\_\_

FINANCIAL APPROVER: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_