PURCHASE REQUISITION

Reset

State University of New York
College at Brockport

REQ. #26

Following to be completed by department

Date _____ NYS Group # _____

Contract # _____

Department _____

Function # _____

Check One: ☐ Supplies ☐ Temp. Service ☐ Equipment

Ordering Individual _____

Bldg./Room _____
(to be delivered to)

Name/Phone # of individual to contact with questions:

_____

VENDOR:

Tel. # _____ Fax. # _____

AUTHORIZED SIGNATURE: _____

PURCHASING USE ONLY: P.O. #

Buyer _____

P.O. Date _____

Payee I.D. # _____

Discretionary Purchase: _____ D _____ ND _____ S

P.O. Vendor: _____ MBE _____ WBE

FED Prod. Code _____ Recycled _____ Omnibus _____

Discount _____ % _____ Days

Batch Type: _____ IRS Code: _____

CHARGE TO:

Funct.# _____ Obi. # _____ Amt. _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Ship To: _____

_____

_____

_____

_____

_____

NOTE TO DEPARTMENTS: Please complete all information in upper left-hand section. Keep a copy of this form for your records. All inquiries must reference the Requisition #. Provide complete description of item(s) to be ordered, including catalog #, name of article description, and any further information to clearly identify. Include copy of catalog page if available. Items requiring installation must be fully described, including who will install. Items requiring significant utility connections require prior approval from Facilities & Planning

ITEM #	DESCRIPTION	QUANTITY NO.	QUANTITY UNIT	UNIT PRICE	TOTAL AMOUNT
1.)					