

Purchase Requisition

Purchasing / State University of New York at New Paltz

All requests for the purchase of supplies, equipment, and services (including repairs) must be forwarded on this form. Refer to www.newpaltz.edu/purchasing for purchasing procedures.

ALL REQUISITIONS MUST BE LEGIBLE. ILLEGIBLE REQUISITIONS WILL BE RETURNED UNPROCESSED. Forward original signed copy to the Purchasing Dept. Make a copy for your records

Req. # _____

Date _____

Acct. # _____

Dept. _____

Delivery Point _____
Building Room #

ID # _____

SUGGESTED VENDOR(S):

1. _____	2. _____	3. _____
_____	_____	_____
_____	_____	_____
Phone # _____	Phone # _____	Phone # _____
FAX # _____	FAX # _____	FAX # _____

ITEM #	DESCRIPTION (Include vendor catalog or item number. Specify model number, color, size, and other pertinent data.)	QTY.	UNIT	UNIT PRICE	AMOUNT
	Shipping charges: _____ Price Quote per: _____ Delivery: _____ days A/R/O Contract: P# _____ Group # _____				
				TOTAL	_____

Name of individual ordering items _____	Phone extension _____
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Authorized Signature _____

Authorized Signature _____

PURCHASING DEPARTMENT ONLY	
Batch # : _____	Buyer: _____ Input: _____
<input type="checkbox"/> MSDS	Object _____
<input type="checkbox"/> Bar Code	
<input type="checkbox"/> Recycled	
PO CONTRACT # _____	