

## Requisition #

## **PURCHASE REQUISITION**

Date:	Requisitioned by:			Approved By:			
		1. Account #	1. Account # 2. Account #		3. Account # 4. Account #		
		2. Account #					
Requisitioner's Phone #:			Object Code:				
Commodity Code:			NYS CONTRACT #				
VENDOR FEDERAL ID#			MWBE Vendor YES NO, if not, reason?				
Vendor Name, Ad	ldr, Phone, Fax, , e-mail & w	veb address					
ATTACH <u>WRITTEN</u> QUOTES. NOTE IF VENDOR IS MWBE!			Date Encumbered				
			Order #				
			_				
Contact name &		DY HAVE PRICE QUO	TATIONS PI	FASF ATT	ACH THEM		
Descriptio	n-not just the item(s) I		Quantity	Unit	Unit Price	Amount	
_	-	•					
OK to pay:							
Date:							
It not MWBE, p	provide reason						
					TOTAL		