Delhi
STATE UNIVERSITY of NEW YORK

PURCHASE REQUISITION

Date: _____ **Requisition #:** _____

Requisitioned by:	**Approved By:**	
Deliver To:	**Account #**	**Account #**
Building:	**Account #**	**Account #**
Requisitioner's Phone #:	**Object Code:**	

Commodity Code:	**CONTRACT #:**			
SFS ID #:				
VENDOR NAME & BILLING ADDRESS	**MWBE Vendor?**		**Yes**	**No**
	Date Encumbered			
	Purchase Order #			
Please provide JUSTIFICATION for procurement below:				

Description	Quantity	Unit	Unit Price	Amount
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
OK to pay signature:				
Date:				
Please keep a copy for your records				
			TOTAL	0.00

Please attach any price quotes or descriptive literature you may have

REMINDER: ALL Purchases over $10,000 REQUIRE (3) three QUOTES