

STATE PURCHASES ONLY - REQUISITION FORM FOR INTERNAL USE ONLY

Page # _____ of _____

*** All Fields Required**

*Today's Date: _____ Purchase Order No. _____

*Requestor's Name: _____ *Phone Number/E-mail _____

*Deliver to: (Name and Location) _____

*Design/Construction *Equipment: *PSP Method: _____

| Seq # | *Description (Vendor Catalog #, Size, Styles, Color, Comments, Etc.) | *QTY | * Unit of Measure | *Est. Unit Price | *Total |
|-------|---|------|----------------------|------------------|--------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |

| | |
|------------------|--|
| Sub Total: | |
| Estimated S & H: | |
| Estimated Total: | |

Suggested Vendor

| | |
|-----------------|--|
| Vendor Name: | |
| Attention: | |
| Phone No: | |
| Fax No: | |
| Address 1: | |
| Address 2: | |
| City/State/Zip: | |
| Web Address: | |

Notes to Procurement

| | |
|---------------------------------------|----------------------------------|
| | |
| | |
| | |
| | |
| | |
| Check Box For Each Attachment: | |
| | Vendor Quote |
| | Single/Sole Source Justification |
| | Specs/Drawings |
| | Other: Specify |

*ACCOUNT # 1 _____ Year: _____ Amount(s) if split _____

ACCOUNT # 2 _____ Year: _____ Amount(s) if split _____

*Budget Supervisor 1 _____ Date: _____

Budget Supervisor 2 _____ Date: _____

| | |
|------------------------------|---|
| Procurement Use Only: | Return completed form to: |
| Budget Balance: | Procurement Services or procurement@alfred.edu Greene Hall For questions please call 607-871-2698 |
| Procurement Approval: | |
| VP Approval (Over \$20,000): | |