STATE PURCHASES ONLY - REQUISITION FORM

FOR INTERNAL USE ONLY

*** 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:** CHOOSE ONE

Seq #	*Description (Vendor Catalog #, Size, Styles, Color, Comments, Etc.)	*QTY	* Unit of Measure	*Est. Unit Price	*Total
1					$0.00
2					$0.00
3					$0.00
4					$0.00
5					$0.00
6					$0.00
7					$0.00
8					$0.00
				Sub Total:	$0.00
				Estimated S & H:	
				Estimated Total:	$0.00

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
Procurement Approval:	
VP Approval (Over $20,000):	For questions please call 607-871-2698

For further information or instructions see the Procurement Website

Revised (10/15)