

*** During the COVID-19 Pandemic all Purchase Requisitions must be accompanied by an email authorization if the budget holder is not able to sign the form.**

VENDOR _____ _____ _____					PURCHASE REQUISITION Date: _____ Requisition No.: _____				
SFS Id #: _____					Approved By: _____				
Discount Terms _____% _____days					Date Required: _____				
Originator _____: Contract No.: _____ Group No.: _____					_____ Budget Manager				
Complete Description: Manufacturer, Model No., Size, etc.	Quantity	Unit	Unit Price	Amount	Buyer: _____ Date: _____				
TOTAL:					SUNY Account _____ Object _____ SUNY Account _____ Object _____				