

# Purchase Requisition

**INSTRUCTIONS:**

All sections of this form must be completed, along with the necessary approvals and supporting backup documentation. Completed requisitions should be emailed to **purchasing@potdam.edu**.

All purchases require approval by the state account holder, the President's Council Designee, and upon receipt by Procurement Services, the approval of the CFO or Designee. In addition, certain high-value purchases, may require approval by SUNY Systems Administration.

DATE: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
 ACCOUNT #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
**TOTAL:** \_\_\_\_\_

*PURCHASE INFORMATION*

ITEM NO.	GIVE DETAILED SPECIFICATIONS INCLUDING MODEL, CATALOG #, ETC. WHEN DESCRIBING MATERIALS/SERVICES TO BE PROVIDED:	QUANTITY	UNIT OF ISSUE	UNIT PRICE	AMOUNT
1					0.00
2					0.00
3					0.00
4					0.00
5					0.00

*\*Attach additional pages as needed.*

**PAGE TOTAL:** \$ 0.00

**MULTI-PAGE TOTAL:**

VENDOR NAME:		
ADDRESS		
CITY	STATE	ZIP
VENDOR EMAIL		
VENDOR PHONE		

**PURCHASE JUSTIFICATION:**

Please provide a brief description of the purchase and why this procurement is essential.

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REQUISITIONED BY:	DATE:
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ACCOUNT HOLDER SIGNATURE:	DATE:
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PRESIDENT'S COUNCIL DESIGNEE:	DATE:
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CFO SIGNATURE:	DATE:
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