

Requisition Form



Requisition Number

Office Use Only

Purchase Order No:

Buyer's Initial & Date: Del By:

Fiscal Year

Supplier/Payee Information

Name: AMSURE Associates		Social Security or Federal ID #:	Contract #:	Group #:
Address: PO Box 15044		City: Albany	State: NY	Zip: 12212
Supplier Phone:	Fax:	Email:		

Deliver To Information		Payment Information		Department Information	
Attention:		Payment Terms:	Freight:	FOB:	Account # / Project Task Award:
Department:		Confirming: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Due <input type="checkbox"/> Paid	<input type="checkbox"/> Dest <input type="checkbox"/> FCA <input type="checkbox"/> Origin	<input type="checkbox"/> SBF <input checked="" type="checkbox"/> RF <input type="checkbox"/> State
Building:		Suppliers Notes:		Sponsor: Expenditure/Object/GL: GNS Ins Equip	
Room #:		Requisitioner: <input type="text"/>		Organization Name (Department): <input type="text"/>	
Need by Date: ASAP		Office Phone: <input type="text"/>		Project Director: <input type="text"/>	
		<input type="checkbox"/> P/C <input type="checkbox"/> F/A		Note: RF Only-Office Supplies Certification: Authorized Signature below also certifies Scientific or Programmatic use for the project charged.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Item Information

Item #	Expenditure Type, Catalog # & Complete Description (Including notes & buyer notes)	Quantity	UOM	Unit Price	Total
	Include original PO information, serial number, RF decal number for items being insured.				
	Include dates of requested coverage.				
	Completed floater application must accompany requisition.				
	Claims will be assessed \$1,000 deductible				

Justification / Purpose of Purchase: **Grand Total:**

I certify that the purpose of purchase requisition lies with the account restrictions and is consistent with the donor's/sponsor's intent.

 Authorized Signature Date

Quotation: Written Verbal By: Date:

OGM Approval: Term Date:

Notes/Approvals: Radiation Control Required: Yes No