

DAEMEN

A World of Opportunity

PURCHASE REQUISITION

DATE SUBMITTED:

Check _____
 VT _____
 ACH _____

VENDOR NAME:	DAEMEN DINING	Business Office (Voucher Month)	
Event #	(from Daemen Dining Contract)	PO #:	
Event Name		VENDOR #:	129583
Event Date		W9:	

MWBE		BIDS:		TO PAYROLL:	
		CONSTR/F. A:		ADVANCE:	

BUDGET ACCOUNT # (X-XXXXXX-XXXXX)	DESCRIPTION & BUSINESS PURPOSE	QTY	COST PER ITEM	COST (QTY x COST PER ITEM)
	(Do not list individual items - only total for each acct#)			
	SHIPPING			
	TOTAL			

SIGNATURES (1. and 2. must be signed)

1. _____
Requestor

3. _____
Athletics Compliance Officer

5. _____
Controller (Over \$1,000)

2. _____
Department Chair/Manager or next level Manager

4. _____
Grants Administration Manager (If Grant)

6. _____
VP for Business Affairs (Over \$10,000)

7. _____
President (Over \$25,000)

Revised 2/25/21 (Business Affairs)

=====OFFICE USE ONLY=====

VOUCHER NO.

DATE PAID

CHECK NO.
