Click to Clear Form

DAEMEN

PURCHASE REQUISITION

Check _____
VT _____
ACH _____

DATE SUBMITTED:

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			$0.00

SIGNATURES (1. and 2. must be signed)

1._____
Requestor

2._____
Department Chair/Manager or next level Manager

3._____
Athletics Compliance Officer

4._____
Grants Administration Manager (If Grant)

5._____
Controller (Over $1,000)

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. _____