

BLIZZARD

*Note: Use for replacement of
Daemen owned property only.
Contingent upon insurance approval

**PURCHASE REQUISITION**

Check _____

VT _____

ACH _____

DATE SUBMITTED:

VENDOR NAME:		Business Office (Voucher Month)	
ADDRESS:		PO #:	
		VENDOR #:	
CITY, STATE ZIP:		W9:	

MWBE		BIDS:		TO PAYROLL:	
		CONSTR/F. A:	STORM	SCANNED:	

BUDGET ACCOUNT # (X-XXXXXX-XXXXX)	DESCRIPTION & BUSINESS PURPOSE	QTY	COST PER ITEM	COST (QTY x COST PER ITEM)
2-552060-				
2-552060-				
2-552060-				
2-552060-				
2-552060-				
2-552060-				
2-552060-				
	SHIPPING			
	TOTAL			

APPROVAL SIGNATURES (#1 and 2 are required, others as applicable)1. _____
Requestor6. _____
Controller (\$1000 and over)2. _____
Department manager/chair or next level manager4. _____
Athletics Compliance Officer (if applicable)7. _____
VP for Business Affairs (\$10,000 and over)3. _____
Cabinet member5. _____
Grants Administration Manager (for grants)8. _____
President (\$25,000 and over)

Revised 1/13/23 (Business Affairs)

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

VOUCHER NO.DATE PAIDCHECK NO.
