



PURCHASE REQUISITION

DATE SUBMITTED:

Check _____
VT _____
ACH _____

Table with 4 columns: Vendor Name (DAEMEN DINING), Business Office, Event #, Event Name, Event Date, PO #, Vendor # (129583), W9.

Table with 6 columns: MWBE, BIDS, TO PAYROLL, CONSTR/F. A, ADVANCE.

Main table with 5 columns: Budget Account #, Description & Business Purpose, QTY, Cost per Item, Cost (QTY x Cost per Item). Includes a TOTAL row.

APPROVAL SIGNATURES (#1 and 2 are required, others as applicable)

- 1. Requestor
2. Manager/Dept Chair/Dean or next level manager
3. Provost (\$1000 and over for Academic Depts. only)
4. Athletics Compliance Officer (if applicable)
5. Grants Administration Manager (for grants)
6. Controller (\$2500 and over)
7. VP for Business Affairs (\$10,000 and over)
8. President (\$25,000 and over)

Revised 12/14/23 (Business Affairs)

OFFICE USE ONLY

VOUCHER NO. DATE PAID CHECK NO. fields with horizontal lines for input.