

YORK COLLEGE

PURCHASE REQUISITION

- AUXILIARY ENTERPRISES
- ASSOCIATION
- FOUNDATION
- CHILD & FAMILY CARE
- FDA

Suggested Vendor and Address

1 _____

2 _____

3 _____

4 _____

5 _____

<u>PURCHASING OFFICE ONLY</u>	
Requisition No.....	Date.....
State Contract No.....	Group No.....
Purchase Order No.....	
<u>DEPARTMENT AND DELIVERY DATA</u>	
Department.....	
Attention.....	
Deliver to Building.....	Room.....

ITEM NO.	DESCRIPTION OF MATERIAL / SERVICE	QTY.	UNIT	PRICE	AMOUNT

I hereby certify that the items listed above are necessary and are for purposes specified in the budget approved for this department.

DATE: _____ **AUTHORIZING SIGNATURE:** _____

BUSINESS OFFICE : _____

FUNDS _____

- are available
- are not available

INITIAL DATE

AMOUNT	

TOTAL