

Requisition Form

Requisition Number

Office Use Only

Purchase Order No:

Buyer's Initial & Date:

Del By:

Fiscal Year

N/A

Supplier/Payee Information

Name: AMSURE Associates		Social Security or Federal ID #:	Contract #:	Group #:
Address: PO Box 15044		City: Albany	State: NY	Zip: 12212
Supplier Phone:	Fax:	Email:		

Deliver To Information

Payment Information

Department Information

Attention:		Payment Terms:	Freight:	FOB:	Account # / Project Task Award:	☐ SBF ☒ RF
Department:		Confirming: ☐ Yes ☐ No	☐ Due ☐ Paid	☐ Dest ☐ FCA ☐ Origin	Sponsor:	☐ State
Building:		Suppliers Notes:			Expenditure/Object/GL: GNS Ins Equip	
Room #:					Organization Name (Department):	zip
Requisitioner:	Need by Date: ASAP				Project Director:	
Office Phone		☐ P/C ☐ F/A : ☐ Yes ☐ No			Note: RF Only-Office Supplies Certification: Authorized Signature below also certifies Scientific or Programmatic use for the project charged.	

Item Information

Item #	Expenditure Type, Catalog # & Complete Description (Including notes & buyer notes)	Quantity	UOM	Unit Price	Total
	Include original PO information, serial number, RF decal number for items being insured.				
	Include dates of requested coverage.				
	Completed floater application must accompany requisition.				
	Claims will be assessed a \$2,500.00 deductible				

Justification / Purpose of Purchase:

Grand Total:

I certify that the purpose of purchase requisition co lies with the account restrictions and is consistent with the donor's/sponsor's intent.

Authorized Signature

Date

Quotation: ☐ Written ☐ Verbal By:

Date:

OGM Approval:

Term Date:

Notes/Approvals:

Radiation Control Required: ☐ Yes ☐ No

Check Distribution: ☐ Mail ☐ Pick up at Bursar