STATE OF NEW YORK – DEPT OF CORRECTIONS AND COMMUNITY SUPERVISION

PURCHASE REQUISITION

NAME OF REQUESTER	REQUISITION NAME
UNIT / LOCATION	REQUISITION ID
PHONE NO.	PURCHASE ORDER NO.
EMAIL	*DATE STAMP – PURCHASING/BUSINESS OFFICE ONLY*
SHIP TO ADDRESS / AREA:	

DESCRIPTION (Include Item No.)	QUANTITY	UNIT OF MEASURE	UNIT PRICE	TOTAL AMOUNT

Shipping/Freight Included? YES ☐ NO ☐	If no, cost for freight $_____
MSDS REQUIRED? YES ☐ NO ☐	REQUEST TOTAL $
VENDOR NAME	VENDOR PHONE NO.
VENDOR CONTACT:	VENDOR E-MAIL
VENDOR ADDRESS	VENDOR FAX NO.
	VENDOR ID NO.
CONTRACT NO.	COMMODITY GROUP NO.
PREFERRED SOURCE: YES ☐ NO ☐	M/WBE? YES ☐ NO ☐
IF NOT M/WBE, JUSTIFICATION: EXEMPTION ☐ EXCLUSION ☐	

PLEASE ATTACH ALL PRICE QUOTES

QUOTES: $	Vendor:
$	Vendor:
$	Vendor:

JUSTIFICATION FOR PURCHASE **(REQUIRED):**

B-1184 (ATTACHMENT A or B), if required #_____

INVENTORY ON HAND: MONTHLY USAGE:	EMERGENCY? YES ☐ NO ☐

SIGNATURE (*Unit Supvr/Bureau Chief*):	DATE:
REQUIRED **SIGNATURE** (*Regional Director/Director/Dep Supt*)**:**	DATE:

CHARGED TO:	DEPT:	PROGRAM:	FUND:
ACCOUNT:	CHARTFIELD:	BUD REF:	PC BUS UNIT:
PROJECT:	ACTIVITY:	CATEGORY:	OPER UNIT:

REJECTED: ☐ **REASON:**_____