



PURCHASE REQUISITION FORM

Must be submitted 1 MONTH / 20 BUSINESS DAYS in advance

Organization Name _____ Submission Date _____

Line Item _____

VENDOR INFORMATION *Everything in this box must be **complete** before the purchase process can begin.*

Legal Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____ Tax ID # _____

Submit with form: Invoice _____ Event Flyer _____ Attendance Sheet _____

QUANTITY	PURCHASE OR EXPENSE DESCRIPTION	AMOUNT
WILL PICK UP CHECK <input type="checkbox"/> PLEASE MAIL CHECK <input type="checkbox"/> PURCHASE ORDER <input type="checkbox"/>		TOTAL \$

SHIP TO ADDRESS: USG - CAMB 105E, 1300 Elmwood Avenue, Buffalo, NY 14222

EVENT INFORMATION FOR VERIFICATION

Event Name _____

Event Date _____ Time _____ Location _____

Authorized Signature Email Contact Phone

USG Treasurer Approval Date

For Office Use Only

Bengal Connect _____ W-9 _____ Invoice _____ Attendance Sheet _____ Event Flyer _____

Project # _____ Task # _____ Award # _____ RF Entry _____ Date _____

NOT A VALID PURCHASE ORDER