Southern Connecticut State University Purchasing Requisition

INTERNAL USE ONLY - NOT a Purchase Order. Products or services ordered and shipped without valid purchase orders are not considered contractual obligations of SCSU and if delivered shall be refused and returned to the vendor at no cost to SCSU.	Requisition Number **09007764**

Department charged	Requested by	Telephone#	Date Required

Approved by (Budget Authority)	Date	Requisition total dollar value	Date of Request

Deliver to - (Dept Name/Building/Room Number/End User) Contract Award Number

Item No.	Quantity	Unit	Description	Unit Price	Extension
			Does price include delivery?	**Total Amt:**	

PRIMARY VENDOR: FEIN Number: Vendor Name: Contact Person: Address: City, State, ZIP: Phone #: Fax #:	If the requistion total exceeds $100, the following information is required: Is vendor a state employee?* **Yes No** Does an immediate family member of the vendor work as a state employee?* **Yes No**

Fund	Org	Account	Program	Percent	Amount

*CGS Chapter 10,Sec 1-84(i) **"Immediate family" means any spouse, children or dependent relatives who reside in the individual's household.**

FOR PURCHASING DEPT USE ONLY:

Assigned to_____ FOB Code_____ Terms_____ Delivery Date_____ PO#_____