

REQUEST FOR PURCHASE BY CREDIT CARD

Please complete this form and submit to the Purchasing Department at nyitredu
PLEASE PROVIDE 48 HOURS ADVANCE NOTICE FOR ORDERS

NOTE: Confirm availability of monies in your budget prior to submitting this form; Purchasing cannot place orders if no budget dollar is available.

Date of Request:	
Vendor Name:	Vendor Contact:
Vendor Phone #: Vendor Ema	il Address:
If ordering via the internet, please attach a screenshot of th	e web page and a link to the site.
Requestor:	Department:
Phone Number:	Email Address:
SHIP TO LOCATION: Building:	Campus (circle one): NY or OW
Contact Person:	Phone #:
ACCOUNT NUMBER (security 2)	
ACCOUNT NUMBER (required): Category: Activity Code:	Object Code:
Are Grant Funds Being Used For This Purchase? (circle one):	
COST.	
COST:	
\$ Shipping: \$ Total Co	st: \$
Contract? (circle one) YES or NO If Yes, please attach	
Provide a brief description of what is being ordered:	
NOTE: The Provost must approve (in advance) all requests f	or travel (airfare, hotel, car service) for Deans
Approver's Signature:	
Requester's Signature:	
***This Form Must Be Signe	ed By The Authorized Approver to Be Processed ***
BELOW TO BE COMPLETED BY THE PURCHASING DEPART	MENT *
Vendor (if different from above):	
Actual Cost: Date Processed:	