GLENVILLE STATE COLLEGE REQUISITION FORM

REQUESTOR INFORMATION

Date		**Name**		**Department**	

VENDOR INFORMATION

Name		**Address**			
Contact		**Phone**		**email**	

REQUEST INFORMATION

Description(include item# or part#)	Qty	Unit Price	Extended Price
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
		TOTAL	$0.00

BUDGET INFORMATION

FUND		ORG		ACCT		AMT	
FUND		ORG		ACCT		AMT	
FUND		ORG		ACCT		AMT	

Department Head (Required) Signature verifies that expenditure is necessary and in best interest of the department.		Date	
Controller (Required) Signature verifies that funding is available within designated funding source.		Date	
Office of Technology (Required for computer goods and services) signature verifies expenditure is appropriate for intended use and compatible with GSC technology.		Date	
Area Vice President (Required for goods and services over $1,000) - reviews and approves that expenditure meets the objectives of the unit.		Date	