Purchase Requisition Req. #: State University of New York Polytechnic Institute Date: Account #(s): All requests for the procurement of supplies, equipment, and services (including repairs) must be submitted on this form regardless of procurement method. Please attach all documentation and keep a copy for your records. **SUGGESTED VENDOR(S):** 2.. 3. Name 1. Address Contact Phone # Email **BUSINESS PURPOSE:** Please provide a brief summary of the business purpose for this procurement. **Unit Price Description** (Including Item/Model No., Color, Size, etc.) Quantity Unit **Amount** SUNY Polytechnic Institute Environmental Health & Safety Office Requirement Shipping: Please verify if any items ordered: Are electrical in nature. Require exhaust and/or ventilation. Utilize lasers or contain and/or produce radiation. Produce and/or control noise. Order Total: Contain and/or use or produce chemicals and/or gases. Name of Individual Ordering Items Phone Extension Authorized Signature

Authorized Signature

Deliver To (if different from individual ordering)