

Date:

PURCHASING REQUISITION

Requisition Number:

Mail, Fax or Email one copy with supporting documents to: Procurement Services, - Email: purchase@yorku.ca

Suggested Supplier	
Name:	
Address:	
Address (cont'd):	
Phone:	Fax:
Contact:	
Email:	
Competitive Bid/Contract/SA/Supplier Quote Number:	

Ship To Information	
Contact:	
Extension:	
Email:	
Dept Name:	
Room No:	
Building:	

Purchasing Information	
Purchase Type:	
Purchase Frequency:	
End Use:	
Existing PO:	
Anticipated Delivery Date/ Project Completion Date:	
Radioactive:	
Radioisotope Permit No:	

Currency Details: Canadian Dollars US Dollars

Quantity	UOM	Description of Item	Account	Fund	Cost Centre	Activity	Time	Location	Unit Price	Extended Price

Subtotal *	
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* Taxes will be applied by Procurement Services and will be reflected on the Purchase Order

Date:

Purchasing Requisition Form

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Additional Requirements for this Order

Payment terms net 30 days

Send Copy of PO to:

- Check the box if PO has to be sent to Vendor
- Check the box if Goods are coming across the border

Additional information for change orders Check the box if reapproval is required

Reapproval will be required under the following conditions

1. Change orders in which the increase in cost exceeds the original cost by lesser of 5% or 250,000
2. Approving authority specifically states that reapprovals are required for any increase in cost
3. Change orders in which the increase in cost pushes the contract value into higher approval threshold

Department Authorization

I hereby certify that I am authorized to sign on the cost centres above and all the expenditures are valid, in compliance with the policies of the university, and sufficient funds are available to cover this expenditure.

Cost Centre Owner Printed Name_____
Cost Centre Owner Signature_____
Date**Procurement Services Use Only**

Change Order %:

Other Info:

Approval(s):

Additional Approvals	\$50,000 - \$199,999	\$200,000 - \$499,999	\$500,000 - \$999,999	\$1,000,000 - \$4,999,999
Signing Authority	Director or Executive Officer	Assoc./Asst. Vice President or Dean	Divisional VP	President or Vice President Finance and Administration
Printed Name				
Signature				