RF/USG PURCHASE REQUISITION FORM

Must be submitted *1 MONTH / 20 BUSINESS DAYS* in advance

Organization Name _____ Submission Date _____

Line Item _____

VENDOR INFORMATION ***Everything*** *in this box must be* ***complete*** *before the purchase process can begin.*

Legal Name _____

Permanent Address _____

City _____ State _____ Zip _____

Email _____ Phone _____ Tax ID # _____

Submit with form: Invoice ☐ Event Flyer ☐ Attendance Sheet ☐

QUANTITY	PURCHASE OR EXPENSE DESCRIPTION	AMOUNT
PLEASE MAIL CHECK ☐ PURCHASE ORDER ☐	**TOTAL**	$

SHIP TO: **USG-CAMB 105E, 1300 Elmwood Avenue, Buffalo, NY 14222**

EVENT INFORMATION FOR VERIFICATION

Event Name _____

Event Date _____ Time _____ Location _____

_____ *Organization Treasurer Signature*

_____ Buffalo State Email

_____ Contact Phone

_____ *USG Treasurer Approval*

_____ Date

For Office Use Only

BC ☐ W-9 ☐ Quote ☐ Invoice ☐ Attendance/TP ☐ Event Flyer ☐ ACH ☐ WRF ☐ IC ☐ PF ☐

Project # _____ Task # _____ Award # _____ RF Entry _____ Date _____ Certify PO _____ Date _____

NOT A VALID PURCHASE ORDER

7/8/2026