**OSWEGO COUNTY PURCHASING DEPARTMENT**
**46 EAST BRIDGE STREET**
**OSWEGO, NEW YORK 13126**

# PURCHASE REQUISITION

**PLEASE COMPLETE THE FOLLOWING FOR SUPPLIES, SERVICES AND EQUIPMENT REQUIRING A PURCHASE ORDER***

## INSTRUCTIONS

1. Type or print with pen
2. Use single req. for each vendor
3. Attach pertinent information including at least one quote
4. Obtain proper approval signature
5. E-mail/interoffice to Purchasing

Date _____
Dept. Name _____
Acct. # _____
Date Required _____
Deliver to _____
Last Ordered on PO# _____

**RECOMMENDED VENDOR**

_____
Address _____
_____
_____
Phone _____
Fax _____
E-Mail

| QUANTITY | UNIT | CATALOG # | DESCRIPTION | UNIT PRICE | TOTAL PRICE |
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Requested By: _____ Date: _____

**GRAND TOTAL** $ 0.00

Approved By: _____ Date: _____
(Dept. Head or Designee)

**TO BE FILLED IN BY PURCHASING DEPARTMENT ONLY**

Date Req. Received _____ Delivery Date _____
Requisition No. _____ Terms _____
Purchase Order No. _____ F.O.B _____ Shipping _____ Destination
Date Ordered _____ Funds Available _____

**RATIONALE FOR DECISION ON VENDOR:**

_____ Contract (Name _____ Number _____ Exp.Date _____ )
_____ Lowest Bidder Based on Competitive Sources
_____ Proprietary Item (Only One Possible Bidder)
_____ Single Qualified Source Based on Specifications
_____ Proven Supplier Quality and Delivery Performance
_____ Emergency Purchase
_____ Other Explanation _____

**APPROVED FOR PURCHASE:** _____ **DATE:** _____

*Supplies under $1,000 can be ordered on voucher; any equipment over $500 requires a PO