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

PURCHASE REQUISITION

PLEASE COMPLETE THE FOLLOWING FOR SUPPLIES, SERVICES AND EQUIPMENT AND FORWARD TO THE PURCHASING DEPARTMENT FOR PROCESSING

INSTRUCTIONS

1. Type or print with pen
2. Use single req. for each vendor
3. Attach pertinent information
4. Obtain proper approvals
5. Detach 2nd sheet for your files

Date _____
Dept. Name _____
Acct. # _____
Date Required _____
Deliver to _____
Date last ordered _____

RECOMMENDED VENDOR

_____
Address _____
_____
_____
Phone _____
Fax _____

QUANTITY	UNIT	CATALOG #	DESCRIPTION	UNIT PRICE	TOTAL PRICE

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:** _____