NEW YORK INSTITUTE OF TECHNOLOGY

REQUEST FOR PURCHASE BY CREDIT CARD

Please complete this form and submit to the Purchasing Department at nyitredu
PLEASE PROVIDE 48 HOURS ADVANCE NOTICE FOR ORDERS

NOTE: Confirm availability of monies in your budget prior to submitting this form; Purchasing cannot place orders if no budget dollar are available.

Date of Request:	
Vendor Name:	Vendor Contact:
Vendor Phone #: Vendo	r Email Address:
If ordering via the internet, please attach a screen sho	ot of the web page and a link to the site.
Requestor:	Department:
Phone Number:	Email Address:
SHIP TO LOCATION:	
Building: Room #	Campus (circle one): NY or OW
Contact Person:	Phone #:
ACOUNT NUMBER (required):	
Category: Activity Code:	Object Code:
Are Grant Funds Being Used For This Purchase? (circle	one): YES or NO
COST:	
\$ Shipping: \$	Total Cost: \$
Contract? (circle one) YES or NO If Yes, please att	ach
Provide a brief description of what is being ordered:	
NOTE: The Provost must approve (in advance) all requ	ests for travel (airfare, hotel, car service) for Deans
Approver's Signature:	Date:
Requester's Signature:	Date:
***This Form Must Be	Signed By The Authorized Approver to Be Processed ***
BELOW TO BE COMPLETED BY THE PURCHASING DE	PARTMENT *
Vendor (if different from above):	
Actual Cost: Date Proc	:essed:
Signature	