

SYRACUSE UNIVERSITY DISBURSEMENTS REQUISITION	UNIQUE REQUISITION NUMBER	REQUISITION DATE	
		DATE NEEDED	

CHARGE TO ACCOUNT NUMBERS				SPONSORED AWARDS / COST SHARING			AMOUNT	EXT	HAND WRITTEN APPROVAL (NO INITIALS)
							END USER	EXT	
FUND(2)	DEPARTMENT(5)	PROGRAM(5)	ACCOUNT(6)	MYCODE(6)	PROJECT(5)	ACTIVITY(3)	BUD REF(2)	PRINTED OR TYPED APPROVAL	
VENDOR NAME AND ADDRESS				REQUESTING DEPARTMENT NAME AND ADDRESS (DEPARTMENT MUST COMPLETE)				UNIVERSITY POLICY MAY REQUIRE COMPETITIVE BIDDING ON THIS REQUEST. ANY WAIVER OF COMPETITIVE BIDDING PRACTICES MAY REQUIRE A DETAILED, WRITTEN JUSTIFICATION FROM THE END USER, SUBJECT TO APPROVAL BY THE DIRECTOR OF PURCHASING AND/OR THE COMPTROLLER.	
TOTAL COST →									

*****IMPORTANT*****

SUBBUSINESSPURPOSE/DETAILED DESCRIPTIONMUSTBEINCLUDED IN REQUISITION BODY				DEPT EST	UNIT PRICE	DISC

STANDARD INSTRUCTION	DISBURSEMENTS APPROVAL GENERAL/RESTRICTED/SPONSORED APPROVAL PURCHASING APPROVAL PRE-AUDIT APPROVAL

Email completed requisition including invoice, signed contract/agreement and or receipts to disburse@syr.edu