

Instructions for Completing the Rensselaer Union Requisition Form (Paper)



Step#1: Choose Appropriate Method for Requisition

First, choose the appropriate method for this requisition.

RENSELAER UNION
Purchase Requisition Form

Mail Attachments P.O. #: _____ PRE-APPROVAL
 Rush

Purchase Order/Blanket FTR Pick-Up PO Copy
 Check Request (invoice needed) PayPal Email PO
 Declining Balance Credit Card (for Travel & Entertainment (Food) only) Money Order Fax PO
 Club Operating Fund Direct Travel Mail Check
 Pick-Up Check (at Union)

SPECIAL INSTRUCTIONS

----- Above to be filled by Union Finance Office -----

Vendor Name _____ Vendor Phone Number _____ Vendor ID # _____ Submission Date _____

Club Name _____ Club SARP or Advisor Name _____ Goal _____ Program _____ Required Date _____

CLUB ACCT (FUND) ORG SUB-ACCT PROGRAM CODE ACTIVITY

Item #	Item Name / Description / Specific Details	Qty	Unit Price	Extended Price
1.				



Step#2: Select Pick-up or Delivery Method

Next, choose the relevant option for picking up or delivering.

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1.				

Note: all purchase orders are emailed to the vendor by default, but copies can also be picked up, if desired.



Step#3: Include Vendor's Name, Phone Number and Unique ID.

Now, we will focus on who we are paying or buying from (the vendor).

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Club Name _____ Club SARP or Advisor Name _____ Goal _____ Program _____ Required Date _____

CLUB ACCT (FUND) _____ ORG _____ SUB-ACCT _____ PROGRAM CODE _____ ACTIVITY _____

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1.				



Step#4: Include Club Name, SARP Name and the Goal Letter and Program Number

Club info (such as the account number and relevant budget section) is needed.

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SPECIAL INSTRUCTIONS

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Vendor Name _____ Vendor Phone Number _____ Vendor ID # _____ Submission Date _____

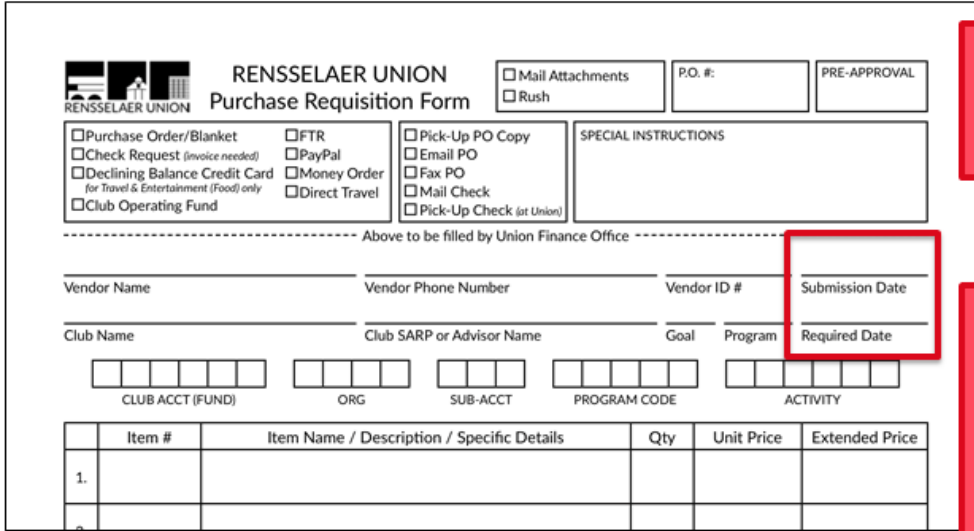
Club Name _____ Club SARP or Advisor Name _____ Goal _____ Program _____ Required Date _____

CLUB ACCT (FUND) _____ ORG _____ SUB-ACCT _____ PROGRAM CODE _____ ACTIVITY _____

Item #	Item Name / Description / Specific Details	Qty	Unit Price	Extended Price
1.				



Step#5: Add the date that the Request is Submitted and Date Required



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CLUB ACCT (FUND) ORG SUB-ACCT PROGRAM CODE ACTIVITY

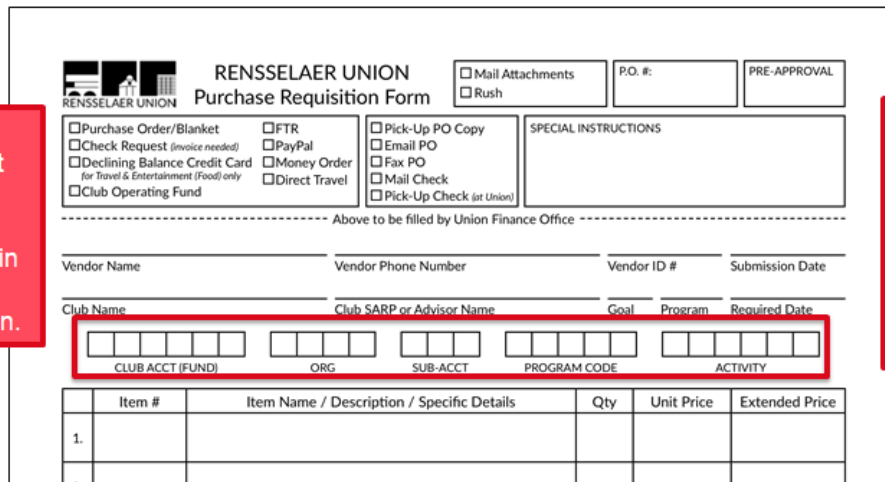
Item #	Item Name / Description / Specific Details	Qty	Unit Price	Extended Price
1.				

Submission date is the day you're filling out this form.

The required date is ideally when the transaction needs to occur by (be mindful of timeliness!)



Step#6: Fill in the FOAPAL



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Vendor Name _____ Vendor Phone Number _____ Vendor ID # _____ Submission Date _____
Club Name _____ Club SARP or Advisor Name _____ Goal _____ Program _____ Required Date _____

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Item #	Item Name / Description / Specific Details	Qty	Unit Price	Extended Price
1.				

Your club's full account number as discussed previously in this presentation.

Pro Tip: All of this information can be found in your club's budget. You can also ask your SARP if needed.



Step#7: Describe Each Individual Items to be purchased. Unit Price=Cost per each Unit

	Item #	Item Name / Description / Specific Details	Qty	Unit Price	Extended Price
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
TOTAL:					

This section describes the item(s) being purchased or paid for.

Description of purchased item(s), quantity, and cost



Step#8: Attach Quotation (as appropriate) and Obtain Signatures

5.					
6.					
7.					
8.					
9.					
10.					
TOTAL:					

By signing this, we the club officer and Union staff member signed below, affirm that the information provided is accurate and from our currently approved budget. A quote and any relevant documentation has been attached as necessary.

_____	_____	_____
Club Officer Name	Club Officer Email Address	Club Officer Phone Number
_____	_____	_____
Club Officer Position	Club Officer Signature	Date
_____	_____	_____
Union Staff Name	Union Staff Signature	Date

Authorizing club officer information and signature is required.

Your SARP signs the for the staff signature at the bottom.

Example Purchase Requisition Forms

Club Operating Fund

SAMPLE ONLY-DO NOT FILE

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SPECIAL INSTRUCTIONS
NEED FRIDAY
9/18/19

----- Above to be filled by Union Finance Office -----

CoF

Vendor Name: RACQUETBALL Vendor Phone Number: STEVE ALLARD Vendor ID #: B 1 Submission Date: 9/4/19
 Club Name: _____ Club SARP or Advisor Name: _____ Goal: _____ Program: _____ Required Date: 9/18/19

302075 3137 111 91040 201602
 CLUB ACCT (FUND) ORG SUB-ACCT PROGRAM CODE ACTIVITY

Item #	Item Name / Description / Specific Details	Qty	Unit Price	Extended Price
1.	GAS, TOLLS, AND PARKING FOR RIT TOURNAMENT - 3 CARS	3	50.00	150.00
2.				
3.				

Vendor Purchase

SAMPLE ONLY-DO NOT FILE

This is the Preferred Method

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REI (800) 258-4567 910656890 8/17/19
 Vendor Name: _____ Vendor Phone Number: _____ Vendor ID #: _____ Submission Date: _____
 Club Name: OUTING CLUB Club SARP or Advisor Name: JAMES BRADBURY Goal: A Program: 2 Required Date: ASAP

302026 3137 006 50050 201602
 CLUB ACCT (FUND) ORG SUB-ACCT PROGRAM CODE ACTIVITY

Item #	Item Name / Description / Specific Details	Qty	Unit Price	Extended Price
1.	831308 GoPro HD HERO OUTDOOR EDITION	1	249.99	249.99
2.				
3.				

Check Request

SAMPLE ONLY - DO NOT FILE



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SPECIAL INSTRUCTIONS
WILL PICK UP
ON 3/25/18

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CAPE ANN ULTIMATE INC (617) 858-5792 275170217 3/9/2018
Vendor Name Vendor Phone Number Vendor ID # Submission Date
ULTIMATE FRISBEE STEVE ALLARD A 1 3/25/2018
Club Name Club SARP or Advisor Name Goal Program Required Date

302060 3137 089 91040 201602
CLUB ACCT (FUND) ORG SUB-ACCT PROGRAM CODE ACTIVITY

Item #	Item Name / Description / Specific Details	Qty	Unit Price	Extended Price
1.	BID FEE FOR NEW ENGLAND OPEN (3/31-4/1)	1	400.00	400.00
2.				
3.				

Direct Travel



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MARRIOTT HOTEL / DT (525) 225-6890 8/25/19
Vendor Name Vendor Phone Number Vendor ID # Submission Date
RACQUETBALL STEVE ALLARD B 1 9/12/19
Club Name Club SARP or Advisor Name Goal Program Required Date

302075 3137 111 91040 201602
CLUB ACCT (FUND) ORG SUB-ACCT PROGRAM CODE ACTIVITY

Item #	Item Name / Description / Specific Details	Qty	Unit Price	Extended Price
1.	HOTEL ROOMS FOR TOURNAMENT DOUBLE ROOMS, NON-SMOKING, CHECK IN 9/12 CHECKOUT 9/14	5 ROOMS	\$75.00 PER NIGHT X 2 NIGHTS	\$750.00
2.				
3.				