

APPROVAL FORM  
**Purchases above \$25,000 and/or  
Agreements/Contract for any dollar amount**

SERVICE or  COMMODITY  
(Check one)

1. \_\_\_\_\_  
ORIGINATOR - PRINT NAME Extension  
\_\_\_\_\_  
ORIGINATOR - SIGNATURE Date
  
2. \_\_\_\_\_  
VP/DESIGNEE - PRINT NAME Extension  
\_\_\_\_\_  
VP/DESIGNEE - SIGNATURE Date
  
3. \_\_\_\_\_  
BUDGET/APPROVED FUNDING SOURCE - PRINT NAME Extension  
\_\_\_\_\_  
BUDGET/APPROVED FUNDING SOURCE - SIGNATURE Date
  
4. \_\_\_\_\_  
IT APPROVAL - PRINT NAME Extension  
\_\_\_\_\_  
IT APPROVAL - SIGNATURE Date
  
5. \_\_\_\_\_  
PURCHASING/MWBE - PRINT NAME Extension  
\_\_\_\_\_  
PURCHASING/MWBE - SIGNATURE Date
  
6. \_\_\_\_\_  
LEGAL REVIEW - PRINT NAME Extension  
\_\_\_\_\_  
LEGAL REVIEW - SIGNATURE Date

**PURCHASE/CONTRACT INFORMATION FORM**

1. BRIEF EXPLANATION OF SERVICES/PRODUCT NEEDED (including benefit to College):

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2. PLEASE CHECK ONE:       PURCHASE       AGREEMENT/CONTRACT

3. COLLEGE ORIGINATOR: (Person most familiar with details and responsible for implementation)

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_ Telephone #: \_\_\_\_\_

4. POTENTIAL VENDORS; How were they identified? Is the vendor on an OGS State Contract or SUNY-Wide Contract? (Give State Contract number and explain prior work performed for College, relationship to FSC, other SUNY schools, web search etc.) Please give contact information for each vendor including email addresses (attach separate page if needed).

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5. ANTICIPATED COMMENCEMENT DATE (work may not commence until contract is executed):

\_\_\_\_\_

6. TERM OF SERVICE: \_\_\_\_\_

7. ANTICIPATED COST: \_\_\_\_\_

8. ACCOUNT # : \_\_\_\_\_

9. ADDITIONAL COMMENTS: \_\_\_\_\_

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PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_