

## MISSION CRITICAL PURCHASE REQUESTS

**PURPOSE:** In order to limit spending during the COVID-19 pandemic, only those transactions deemed Mission Critical, will be approved. Until further notice, purchases using University-issued Purchasing Cards will be limited to Super-users as identified by Financial Officers or their delegates to Procurement Services and the Office of the Corporate Controller. All other Purchasing Cards have been temporarily deactivated. Please direct any questions to covidspending@psu.edu

**\*Mission Critical purchases should be limited to items required for sponsored programs supporting continued research activities or startup of new research; delivery of health care to staff, faculty, and students; delivery of virtual learning for students; and those requirements that directly impact the health & safety of staff, faculty, students, and facilities.**

### TRANSACTION REQUEST

Is this purchase Mission Critical?\*       No       Yes (continue completing form)

This purchase is in support of:      Details

Is this purchase available through eBuy+?       Yes (complete purchase through eBuy)  
 No (continue completing form)

### REQUESTOR INFORMATION

Name of Requestor: \_\_\_\_\_

College, Campus, Department, or Area: \_\_\_\_\_

PSU-ID: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address to ship to: \_\_\_\_\_

### TRANSACTION INFORMATION

Vendor: \_\_\_\_\_ Website Link: \_\_\_\_\_

Item Description	Quantity	Unit Price	Total

### TRANSACTION BUDGET INFORMATION

Budget Number	Fund #	Object Code	Project #	Amount

Requestor signature and date signed: \_\_\_\_\_

### APPROVAL ROUTING:

\_\_\_\_\_  
 Budget Executive or delegate:      Financial Officer or delegate

\_\_\_\_\_  
 Budget Executive or delegate signature & date:      Financial Officer or delegate signature & date

### SUPER-USER INFORMATION:

Name: \_\_\_\_\_ Date Order Placed: \_\_\_\_\_

Confirmation #: \_\_\_\_\_ Order Total: \_\_\_\_\_