



### COVID-19 Spending Constraints Attestation Form

Requestor Name: [Click here to enter text.](#)

Purchase Amount: [Click here to enter text.](#)

Department: [Click here to enter text.](#)

Department Account or P-T-A Number: [Enter here](#)

Date of Request: [Click to enter a date.](#)

Funding Source: State:  BSCF:  RF:

Vendor: [Click here to enter text.](#)

This form must be completed for every purchase requested at Buffalo State. All procurement is limited to items and services that are essential, urgent and relevant to Buffalo State's strategic priorities, regardless of cost.

- Items between \$.01 and \$999.99 require approval from department head/supervisor
- Items between \$1,000 and \$9,999 require approval from department head/supervisor and dean/AVP
- Items \$10,000 and more require approval from department head/supervisor, dean/AVP and the appropriate President's Cabinet member. It will be reviewed and prioritized by the OTPS Spending Constraints Oversight Committee for consideration by the college Budget Committee.

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1. Please provide a brief description of the purchase: [Click here to enter description.](#)

2. Please indicate whether the expenditure is:

A. **Essential** for health and safety : Yes:  No:

B. **Urgent** for continuation of campus operations: Yes:  No:

C. **Relevant** to Buffalo State's strategic priorities and supportive of the campus mission :Yes:  No:

D. Clearly a **revenue-generating** investment (grant funding or gift in hand): Yes:  No:

For items 2A through 2D above, please explain each item for which you checked "yes."

[Click here to enter explanation.](#)

If you checked "no" for **all** items 2A through 2D, please do not make the purchase.

3. Please indicate the impact if the expenditure were not made:

A. Would students or the institution be negatively impacted? Yes:  No:

If yes, please explain how and to what extent: [Click here to enter explanation.](#)

4. Have you considered alternate sources of the goods or service?
- A. Is it available centrally, or from elsewhere on campus? Yes:  No:  Did not investigate:
- B. Is it available at a neighboring institution? Yes:  No:  Did not investigate:
5. Are there creative solutions that would alleviate or eliminate the need for the goods or service?
- A. Were creative solutions explored? Yes:  No:

If yes, please explain the solutions explored: [Click here to enter explanation.](#)

I affirm that I have reviewed this request and that it conforms to all college procurement guidelines and spending control procedures.

Requestor signature here

Enter today's date.

Requestor signature

*Required for all requests, regardless of amount*

Supervisor/Department Head signature here

Enter today's date.

Supervisor/Department Head signature

*Required for all requests, regardless of amount*

Dean/Associate Vice President signature here

Enter today's date.

Dean/Associate Vice President signature

*Required for requests of \$1,000 or more*

President's Cabinet Member signature here

Enter today's date.

President's Cabinet Member signature

*Required for requests of \$10,000 or more*

OTPS SCOC approver signature here

Enter today's date.

OTPS Spending Constraints Oversight Committee approval

*Required for requests of \$10,000 or more*

VPFM signature here

Enter today's date.

Budget Committee designee:

Vice President for Finance and Management signature

*Required for requests of \$10,000 or more*

**Effective immediately and without exception, each purchase request must be accompanied by a completed version of this Spending Constraints Attestation Form.**

