



## Procurement Card Order Form

Requestor: _____	Phone Number: 716-673- _____
Department: _____	Card Holder: _____
Card Number: _____ <small>**Customer Service to contact Cardholder for information**</small>	Expiration Date: _____
email _____ <small>add your email for confirmation</small>	
Authorized Signature: _____	Date: _____

### Note to Vendor:

**PLEASE CLEARLY MARK VISA ON THE OUTSIDE OF THE PACKAGE AND EMAIL BACK CONFIRMATION TO THE CARDHOLDER.**

### ITEMS ORDERED:

Qty	Unit Measure	Description	Item Number	Unit Price	EXT Price

**Fax to: /Spoke To:** \_\_\_\_\_

**University Tax Exempt #: 14740026K**

Ship to: **Card Holder Name -VISA**

Central Receiving  
Fredonia  
The State University of New York  
280 Central Ave.  
Fredonia, NY 14063

Sub Total: \_\_\_\_\_

Shipping: \_\_\_\_\_

**Total:** \_\_\_\_\_

### Department Use Only

Quote By: _____	Date: _____
Purchasing Approval: _____	Date: _____