

Requisition No. _____



Purchase Order No. _____

REQUISITION

THIS IS NOT A VENDOR'S ORDER

Instructions:

1. **Make separate requisition for each vendor.**
2. Attach all letters, quotations and other applicable papers to this requisition.
3. Forward this requisition to the Purchasing Dept., 402 Maytum Hall.

Requisition Date _____

Account Number _____

Department _____

Ship to Building _____ Room No. _____

Requested by _____

Department Head Signature _____

Send ORIGINAL to Purchasing: make copy for your records.

COMPLETE DESCRIPTION, SPECIFICATION & BRIEF JUSTIFICATION	QUANTITY	UNIT *	PRICE **	TOTAL AMOUNT

REQUESTED DELIVERY _____ DAYS A.R.O.

IF KNOWN:

SUGGESTED VENDOR _____

STREET, CITY, STATE AND ZIP CODE _____

TELEPHONE: _____ FAX: _____

Use only 1 Requisition per order. If additional space is needed, attach information to this requisition.

BELOW THIS LINE FOR PURCHASING DEPARTMENT USE ONLY

Vendor _____

Street _____

* UNIT: (Ex: Ea, Box, Ctn., Ft., Cs., Pkg.)

** PRICE: (Use Price per unit)

Date _____

FOB: <input type="checkbox"/> Destination <input type="checkbox"/> Shipping Point	N.Y.S. Contract No. - Commodity No.	Terms	Purchase Authorization
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Y & B No.	SUNY	SO	Object	Estimated Amount

- Telephone
 Written
 Web

Quotation by: _____ Date: _____ Ref. # _____

- | | |
|---|---|
| <input type="checkbox"/> Fax | <input type="checkbox"/> Attachments with P.O. |
| <input type="checkbox"/> Property Control | <input type="checkbox"/> Invoices to Accounting |
| <input type="checkbox"/> Cathie Z. | <input type="checkbox"/> Copy Req. & P.O. Judy |
| <input type="checkbox"/> Copy Req. Karen P. | <input type="checkbox"/> Freight over \$100 |