

**STATE UNIVERSITY OF NEW YORK
(SYSTEM ADMINISTRATION)**

PURCHASE REQUISITION FORM

C2573-502

Upon completing this form make three copies. Retain one copy and send original and two copies to the System Administration Business Office, S-110

Date **1** _____

One copy will be returned when order is placed.

Keep your copy until you receive a confirmation copy that your order was placed.

Purchase Order No. _____

All requests for the purchase of equipment, supplies or repairs must be forwarded on this form. If you already have price quotations and/or descriptive literature in your possession, please attach them.

Suggested Vendor(s):

NAME 1. **2** _____ 2. _____ 3. _____
 ADDRESS **3** _____
 PHONE NO. **4** _____

Contract # P _____ **5**
 Group # _____ **6**

	Orig. Agency Code	SUNY Account	Sub	Object	Estimated Cost
Shipping Terms:	7	8			
FOB _____					

DESCRIPTION (including Model No., Color, Size, etc.)	QUANTITY	UNIT	UNIT PRICE	AMOUNT
9	10	11	12	13
(If more space is needed, attach additional sheet on plain bond.)				

Price Quote From: Name _____ Date: _____
14

Total before Discount _____
 Discount from List _____
 Total after Discount _____

Name of Person Using Items **15**

Department or Office **16**

Building and Room Number **17**

Exact Date Items Needed **18**

Signature of Chairman or Administrative Officer **19**