

**STATE UNIVERSITY OF NEW YORK  
(UNIVERSITY-WIDE ADMINISTRATION)**

**PURCHASE REQUISITION FORM**

C2573-102

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

Date \_\_\_\_\_

One copy will be returned when order is placed.

Purchase Order No. \_\_\_\_\_

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

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. \_\_\_\_\_ 3. \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE NO. \_\_\_\_\_

**Contract # P** \_\_\_\_\_  
**Group #** \_\_\_\_\_

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

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

Price Quote From: Name \_\_\_\_\_ Date: \_\_\_\_\_

Total before Discount \_\_\_\_\_

Discount from List \_\_\_\_\_

Total after Discount \_\_\_\_\_

**Name of Person Using Items**

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**Department or Office**

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**Building and Room Number**

**Exact Date Items Needed**

**Signature of Chairman or Administrative Officer**