

AGENT



SUNY
DOWNSTATE
Health Sciences University

PO#

EXTERNAL VENDOR

INTERNAL RECHARGE

DO NOT FILL IN GREY AREAS

Please Type or Print Only

Read Instructions on [Procurement Webpage \(link\)](#)

PURCHASE REQUISITION

DATE: DEPT: MailStop #: REQ #: - - suffix:

| | | | | | | |
|--------------------|-------|-----|-----------------------------------|--|-------------|----------|
| SUGGESTED SUPPLIER | | | REQUISITIONED BY: NAME: | | TEL | MailStop |
| ADDRESS | | | FINAL DELIVERY POINT (BLDG. ROOM) | | | |
| | | | PRICES QUOTED BY | | | |
| CITY | STATE | ZIP | SUPPLIER TEL #: | | QUOTE DATE: | |

| ITEM | COMPLETE DESCRIPTION & SPECIFICATIONS ATTACH ANY & ALL JUSTIFICATION LETTERS DO NOT EXCEED 11 ITEMS PER PAGE | QUAN. | UNIT | PRICE PER UNIT | TOTAL |
|------|---|-------|------|----------------|-------|
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| USE CONTINUATION FORM IF MORE SPACE IS REQUIRED | TOTAL |
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|---|--------------|-------------|--------|--|
| CHECK POINTS SAMI: Initials: Log: initials: Pre enc.: Initials: COMMENTS: | CHARGE TO | | | AUTHORIZED SIGNATURE: Name/ Title: AUTHORIZED SIGNATURE 2: [WHEN SECOND SIGNATURE IS NEEDED] Name/ Title: |
| | ACCOUNT CODE | OBJECT CODE | AMOUNT | |
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| VENDOR TAX ID #: (if known) | | | | |

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|-----------------|------------------------------|------------|
| M S W | DISCOUNT: | BATCH TYPE |
| | FOB SHPG. PT.: | |
| | FOB DEST.: | |
| | COMMENT: | |
| AGENT INITIALS: | COMMODITY GROUP # (if known) | |
| DATE COMPL.: | CONTRACT NUMBER (if known) | |