

REQUEST FOR PURCHASE ORDER – SUNY Buffalo State

Ordering department to complete SHADED SECTIONS ONLY - YOU CAN TAB THROUGH THE CELLS OR CLICK WITH MOUSE - THIS FORM IS FOR INTERNAL USE ONLY. Do not forward to vendors.

REQUEST FOR PURCHASE ORDER – SUNY Buffalo State										FOR PROCUREMENT OFFICE USE						
<i>Ordering department to complete SHADED SECTIONS ONLY - YOU CAN TAB THROUGH THE CELLS OR CLICK WITH MOUSE - THIS FORM IS FOR INTERNAL USE ONLY. Do not forward to vendors.</i>							PAGE		DATE		REQUISITION #		PURCHASE ORDER #			
								of								
NAME OF SUGGESTED VENDOR/SUPPLIER					STATE CONTRACT NUMBER				DATE NEEDED BY							
VENDOR TAXPAYER/EMPLOYER/SFS ID #					REQUESTED BY				CAMPUS PHONE #							
ADDRESS					DELIVER TO (BLDG & RM #)											
ADDRESS					DEPARTMENT NAME											
CITY		STATE		ZIP		DEPT. CODE/ACCOUNT			YEAR		SUB-OBJECT					
VENDOR CONTACT					AUTHORIZED SIGNATURE											
TELEPHONE #			FAX # / EMAIL ADDRESS													
<b>IMPORTANT: Attach price quotes and/or justification for orders over \$2,500.00 (see <a href="http://www.buffalostate.edu/procurement">www.buffalostate.edu/procurement</a> for more information)</b>												COMMENTS				
DESCRIPTION (INCLUDE ITEM/CATALOG NUMBER IF APPLICABLE)							QTY	UNIT	UNIT COST	EXTENDED COST						
<b>IMPORTANT:</b> Ordering department must indicate shipping cost. If shipping is included, this must be noted.  NOTE: attach additional sheets as necessary							SHIPPING									
							TOTAL				\$ -					