Please Type or Print Only
(REV. 2005)

PURCHASE REQUISITION

SUNY STATE COLLEGE OF OPTOMETRY

**** Required fields to be filled are shaded ****

DATE: _____ DEPT: _____ ACCT.# _____ REQ# _____

Requisitioned By:		Tel.	Purchase Order #
Delivery Point:			
Suggested Supplier Name:			
Street Address		Vendor Tax ID #	
City	State	Zip	Buyer
Vendor Phone:	Vendor Fax:		NYS Contract #
Prices Quoted By:			NYS Group #

Complete Description of Materials/Services Requested	Quantity	Unit of Measure	Unit Price	Amount
		Merchandise Total		
**** Fill in separate sheet if needed. ****		Freight		

Charge To:

Code	Object	Amount	Acct. #

For Purchase Dept. Use Only

Grand Total: _____

Authorization Signature

Title

PURCHASE REQUISITION CONTINUATION SHEET

SUNY STATE COLLEGE OF OPTOMETRY

DATE: ______________________ DEPT: _____________________ ACCT.# ____________________ REQ# _________________

Complete Description of Materials/Services Requested	Quantity	Unit of Measure	Unit Price	Amount