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 |
|---|---|---|---|---|
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| | | Merchandise Total | | |
| **** Fill in separate sheet if needed. **** | | Freight | | |

Charge To:

| Code | Object | Amount | Acct. # |
|---|---|---|---|
| | | | |
| | | | |
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| | | | |
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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 |
|---|---|---|---|---|
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