

Purchase Requisition NO: 22

Purchase Order #

SUNY Brockport Procurement & Payment

Following to be completed by department:

Date:

Department

Account #

Ordering Individual:

Bldg./Room (to be delivered to)

Contact Person:

Phone ext and email:

VENDOR:

Vendor Email:

AUTHORIZED SIGNATURE:

Purchasing Use Only:

PO Date

Buyer

OGS or SUNY Contract #

Discretionary: ☐ D ☐ ND ☐ S

P.O. Vendor: ☐ MBE ☐ WBE ☐ SDVOB

SFS #:

Delivery Point:

BuildingRoom #

Discount: % Days:

PSP Method: IRS Code:

UNSPSC CODES:

Item No.	Description Include vendor catalog or item number. Specify model number, color, size and other pertinent data	Quantity	Unit	Unit Price	Total Amount

PURCHASING USE ONLY:

CHARGE TO: Account # OBJ. Amt.