

Purchase Requisition NO: _____

SUNY Brockport Procurement & Payment

To be completed by Purchasing Department:

Account #:

S+E Eq

Purchase Order #

To be completed by Department:

To be completed by Purchasing Department:

Date:

Department:

Account #:

Individual Ordering:

Bldg/Room to Deliver to:

Contact Person:

Email:

Vendor Name & Address:

Vendor Contact Name & Email Address:

Authorized Account Signature:

Authorized VP Signature (Over \$2,500):

PO Date:

Buyer:

OGS/SUNY Contract #:

Discretionary: D ND S

P.O. Vendor: MBE WBE SDVOB

SFS#:

Fed. Product Code: I F+G

Delivery Point:

PSP Method:

IRS Code:

Item No.	Description Specify model number, color, size and other pertinent details	Quantity	Unit	Unit Price	Total Amount

Purchasing Use Only:

Charge To:	UNSPC Codes:	Account #:	Sub.Obj.Code:	Amount:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____