

**SUNY FARMINGDALE
PURCHASE REQUISITION**

VENDOR: _____

REQUISITION / P.O.# _____

ADDRESS: _____

DATE: _____

STATE CONTR. NO. _____

ATTENTION: _____

GROUP _____

FEDERAL I.D.# _____

TELEPHONE# _____ **FAX#** _____

ITEM	DESCRIPTION	QUANTITY	UNIT	PRICE	AMOUNT

Requisitioned By: _____ **Person Responsible for Checking Delivery:** _____ **TOTAL \$** _____

Date Delivery Required: _____ **Are Shipping Charges included in Total?** YES _____ NO _____

Telephone Extension: _____ **Dept. Name:** _____ **Dept.#** _____

APPROVED BY DEPT. HEAD

APPROVED BY V.P./OR DESIGNEE

Dept. Cost Center Var. Yr. SUNY ACCOUNT SUB OBJECT
(SEE REVERSE SIDE FOR INSTRUCTIONS)

I attest that the above item(s) were purchased at the best possible price for the College and documentation of such is available in the department.

NAME _____

TITLE _____

DATE _____