

REQUEST FOR PURCHASE ORDER – SUNY Buffalo State

FOR PROCUREMENT OFFICE USE

Ordering department to complete SHADED SECTIONS ONLY - YOU CAN TAB THROUGH THE CELLS OR CLICK WITH MOUSE

Page
1 of 1

DATE

REQUISITION #

PURCHASE ORDER #

NAME OF SUGGESTED VENDOR/SUPPLIER		STATE CONTRACT NUMBER		DATE NEEDED BY	
VENDOR TAXPAYER/EMPLOYER/SFS ID #		REQUESTED BY		CAMPUS PHONE #	
ADDRESS		DELIVER TO (BLDG & RM #)			
ADDRESS		DEPARTMENT NAME			
CITY	STATE	ZIP	DEPT. CODE/ACCOUNT	YEAR	SUB-OBJECT
VENDOR CONTACT		AUTHORIZED SIGNATURE			
TELEPHONE #	FAX #	PRINT NAME			

IMPORTANT: ATTACH PRICE AND/OR JUSTIFICATION FOR ORDERS OVER \$2,500.00 (SEE WWW.BUFFALOSTATE.EDU/PROCUREMENT FOR MORE INFORMATION)

ORDERING DEPARTMENT MUST COMPLETE FOR ALL ELECTRIC APPLIANCES/EQUIPMENT

DESCRIPTION (INCLUDE ITEM/CATALOG NUMBER IF APPLICABLE)	QTY	UNIT	UNIT COST	EXTENDED COST
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
IMPORTANT: Ordering department must indicate shipping cost. If shipping is included, this must be noted.			SHIPPING	
NOTE: attach additional sheets as necessary			TOTAL	\$ -

1. Do these items replace existing items in the same location using existing power outlets?
 YES NO
 If "NO" provide detailed specifications or manufacturer's information including wattage

2. Will these items require maintenance staff to connect or provide any electrical modification?
 YES NO
 If "YES" provide detailed specifications or manufacturer's information including wattage

COMMENTS