AGENT

DOWNSTATE
HEALTH SCIENCES UNIVERSITY

PO#

DO NOT FILL IN GREY AREAS

☐ EXTERNAL VENDOR
☐ INTERNAL RECHARGE

Please Type or Print Only
Use Only if Primary Req Form is Too Short

PURCHASE REQUISITION CONTINUATION FORM

DATE ________ DEPT ________ MSC MailStop # ________ REQ ________

ITEM	COMPLETE DESCRIPTION & SPECIFICATIONS ATTACH ANY & ALL justification letters and supporting documents when applicable	QUAN.	UNIT	PRICE PER UNIT	TOTAL
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
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					$ 0.00
USE ADD'L CONTINUATION FORM IF MORE SPACE IS REQUIRED				**TOTAL**	$ 0.00

AUTHORIZED SIGNATURE(s):

Print Name & Title:

[WHEN SECOND SIGNATURE IS NEEDED]

Print Name & Title:

Distribute: Original to Procurement: All other copies for Dept use