

AGENT



DOWNSTATE
HEALTH SCIENCES UNIVERSITY

PO#

DO NOT FILL IN GREY AREAS

Please Type or Print Only

Read Instructions on [Procurement Webpage \(link\)](#)

DATE: DEPT:

PURCHASE REQUISITION

MailStop #: REQ #: - - suffix:

EXTERNAL VENDOR

INTERNAL RECHARGE

SUGGESTED SUPPLIER			REQUISITIONED BY: NAME:		TEL	MailStop
ADDRESS			FINAL DELIVERY POINT (BLDG. ROOM)			
			PRICES QUOTED BY			
CITY	STATE	ZIP	SUPPLIER TEL #:		QUOTE DATE:	

ITEM	COMPLETE DESCRIPTION & SPECIFICATIONS ATTACH ANY & ALL JUSTIFICATION LETTERS DO NOT EXCEED 11 ITEMS PER PAGE	QUAN.	UNIT	PRICE PER UNIT	TOTAL

USE CONTINUATION FORM IF MORE SPACE IS REQUIRED	TOTAL
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CHECK POINTS SAMI: Initials: Log: initials: Pre enc.: Initials: COMMENTS:	CHARGE TO			AUTHORIZED SIGNATURE: Name/ Title: AUTHORIZED SIGNATURE 2: [WHEN SECOND SIGNATURE IS NEEDED] Name/ Title:
	ACCOUNT CODE	OBJECT CODE	AMOUNT	
VENDOR TAX ID #: (if known)				

M S W	DISCOUNT:	BATCH TYPE
	FOB SHPG. PT.:	
	FOB DEST.:	
	COMMENT:	
AGENT INITIALS:	COMMODITY GROUP # (if known)	
DATE COMPL.:	CONTRACT NUMBER (if known)	