PAGE OF

AGENT

SUNY DOWNSTATE Health Sciences University

PO#

EXTERNAL VENDOR

DO NOT FILL IN GREY AREAS

Please Type or Print Only

Read Instructions on *Procurement Webpage (link)*

PURCHASE REQUISITION

☑ INTERNAL RECHARGE

DATE: DEPT: MailStop #: REQ # - - suffix:

SUGGESTED SUPPLIER	REQUISTIONED BY: NAME: TEL MailStop
Central Stores (Downstate Depot)	
ADDRESS MSC 61 or Deliver to: UHB Room B 526 or	FINAL DELIVERY POINT (BLDG. ROOM)
Fax:718-270-1266 or eMail: centralstores@downstate.edu	PRICES QUOTED BY
CITY STATE ZIP	SUPPLIER TEL #: QUOTE DATE: Central Stores Ext 1514 (718-270-1514

ITEM	COMPLETE DESCRIPTION & SPECIFICATIONS ATTACH ANY & ALL JUSTIFICATION LETTERS DO NOT EXCEED 11 ITEMS PER PAGE	QUAN.	UNIT	PRICE PER UNIT	TOTAL
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
USE CONTINUATION FORM IF MORE SPACE IS REQUIRED				**TOTAL**	$0.00

CHECK POINTS

SAMI: Initials:

Log: initials:

Pre enc.: Initials:

COMMENTS:

CHARGE TO

ACCOUNT CODE	OBJECT CODE	AMOUNT
	9200	
	9200	
	9200	
	9200	
	9200	

VENDOR TAX ID #: (if known)

AUTHORIZED SIGNATURE:

Name/ Title:

AUTHORIZED SIGNATURE 2: [WHEN SECOND SIGNATURE IS NEEDED]

Name/ Title:

You can also complete, Print & Sign, then eMail the SIGNED req to centralstores@downstate.edu

M ☐

S ☐

W ☐

DISCOUNT:

FOB SHPG. PT.:

FOB DEST.:

COMMENT:

AGENT INITIALS:

DATE COMPL:

BATCH TYPE

COMMODITY GROUP # (if known)

CONTRACT NUMBER (if known)