STATE UNIVERSITY OF NEW YORK
(SYSTEM ADMINISTRATION)

PURCHASE REQUISITION FORM

C2573-519

-All requests for the purchase of equipment, supplies or repairs must be forwarded on this form.
-Upon completing this form, retain one copy and send the original to the Business Office, S-110.
-Reasonableness of price is required for purchases over $2,500.
-Please attach all price quotations and/or descriptive literature as to what is being purchased.

Date _____

Purchase Order No. _____

Suggested Vendor(s):

	1.	2.	3.
NAME	_____	_____	_____
ADDRESS	_____	_____	_____
	_____	_____	_____
PHONE NO.	_____	_____	_____

Contract # P _____

Group # _____

Shipping Terms: / FOB _____	Orig. Agency Code	SUNY Account	Sub	Object	Estimated Cost

DESCRIPTION (including Model No., Color, Size, etc.)	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	1		$0.00	$0.00
				$0.00
				$0.00
				$0.00
(If more space is needed, attach additional sheet on plain bond.)				

Price Quote From: Name _____ **Date:** _____

Total before Discount $0.00

Discount from List _____

Total after Discount $0.00

Name of Person Using Items
Department or Office
Building and Room Number

Exact Date Items Needed

Authorized Account Signatory or Administrative Officer