PLEASE SUBMIT 1ST AND 3RD COPIES INTACT TO PURCHASING DEPARTMENT.
DETACH AND RETAIN 2ND COPY FOR YOUR RECORDS.

SUNY UPSTATE MEDICAL UNIVERSITY

PURCHASE REQUISITION

(NOT AN ORDER)

IF THIS IS AN EQUIPMENT REQUEST, BE SURE TO COMPLETE AND ATTACH THE REQUIRED EQUIPMENT CHECK LIST.

DATE April 12, 2004 (BUDGET CODE)

REQUISITION NO. 181914

DEPT. ACCOUNT NUMBER: 31136000

P.O. NO. 328XXX

DEPT. NAME Hospital Purchasing

ORDER CONTACT PERSON Tressa Krezer EXT. 42411

SUGGESTED VENDOR XYZ Corp.

ADDRESS 123 Any Street
Smithtown, NY 13000

VENDOR PHONE NO. 518-555-1212 VENDOR FAX NO. 518-555-1213

VENDOR WEBSITE xyzcorp.com

DELIVERY DESTINATION Hospital Purchasing BLDG./RM. PDC

PROTECTED HEALTH INFORMATION DISCLOSED ☐ YES ☒ NO

CONFIRMING ☒ YES ☐ NO RECEIVED: Yes 3/31/04

AUTHORIZED SIGNATURE *Mr.Auth Signature*

DO NOT WRITE IN SHADED AREA BELOW

GR# CONT. #

FEDERAL I.D.

NAME

ADDRESS

SPECIAL DELIVERY INTRUCTIONS

PRICE INFORMATON: ☐ VERBAL ☒ INTERNET ☐ CATALOG DATE: 3/26/04

QUOTE/QUOTE NUMBER: (ATTACH COPY) BDFF678

DISCRETIONARY	FEDERAL PRODUCT CODE F/G I	OMNIBUS Y N	BATCH	SPECIAL FUNDING	INITIAL/DATE

LINE NO	DESCIPTION OF MATERIALS (COMPLETE WITH CATALOG NUMBERS, SIZES AND PACKAGING)	QUANTITY	UNIT	ESTIMATED PRICE PER UNIT	TOTAL
#1	Big XYZ Sets	10	Dz.	5.00/Dz.	
#2	Small XYZ Set	20	Dz.	2.50/Dz.	