



Purchase Requisition Form

Please forward to Purchasing Department, fax: 212-592-2673 or e-mail: purchasing@sva.edu

Date: _____

Vendor: _____

New Vendor:

Yes

No

Dept:

Vendor Contact: _____

Ship to:

Room/Floor#: _____

Special Instructions: _____

Dept. Contact: _____

Phone: _____

Dept Code	Exp Code	Qty	Item Description	Unit Price	Amount

Subtotal: _____

Tax: _____

Shipping: _____

_____ Total: _____
 Department Head Signature / Approval Required

<u>Purchasing Dept Only</u>		
Expense Code: _____	COI on File: _____	ETA: _____
Buyer/Approval: _____		Req/PO#: _____