



SUNY BROCKPORT
Procurement and Payment Services



CITIBANK VISA CORPORATE PURCHASING CARD ORDER FORM

SUPPLIER INFORMATION:

Supplier Name: _____
 Contact Name: _____ Date Ordered: _____
 Phone: _____ Fax: _____

DELIVERY INFORMATION:

“VISA” must appear on outside of package plus the following information:

Attention: _____ Department: _____
 Campus Address: _____
 Ship To: Central Receiving, 382 Holley Street, Brockport, NY 14420

ACCOUNT INFORMATION:

Cardholder Name: _____ Department: _____
 VISA Account # _____ Expiration Date: _____
 Phone: _____ Fax: _____
 Cardholder Signature: _____

INTERNAL AUTHORIZATION:

SUNY Account #: _____ Authorized Signature: _____

ITEMS ORDERED				
QTY	U/M	DESCRIPTION	UNIT PRICE	TOTAL

Federal Tax Exempt #14740026K

NOTE: This is an official document of procurement record and must be maintained for audit purposes.

Subtotal: \$ _____
 Shipping \$ _____
TOTAL \$ _____

Internal Use Only: I acknowledge receipt of the above in good condition:

Date: _____ Received by: _____

PC02 9/04