



The College at
BROCKPORT
STATE UNIVERSITY OF NEW YORK



CITIBANK VISA PROCUREMENT CARD ORDER FORM

VENDOR INFORMATION:

Vendor Name: _____ Contact Name _____
Date Ordered: _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____

DELIVERY INFORMATION:

“VISA” and cardholder name must appear on outside of package plus the following:
Department: _____ Campus Bldg/Room: _____
Ship To: 350 New Campus Drive, Brockport NY 14420

ACCOUNT INFORMATION:

Cardholder Name: _____ Department: _____
Phone: (____) _____ - _____ Fax: (____) _____ - _____ Signature: _____

****PLEASE CONTACT CARDHOLDER DIRECTLY FOR ACCOUNT NUMBER ****

INTERNAL AUTHORIZATION:

State/IFR Account # _____ Authorized Signature: _____

QTY	U/M	DESCRIPTION	ITEMS ORDERED	UNIT PRICE	TOTAL _____

NYS Tax Exempt #14740026K

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

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

Intended Use/Justification of above purchase: _____

Notes: _____

I acknowledge receipt of the above in good condition:

Date: _____ Received by: _____