AGENT
Jay Dyer

SUNY DOWNSTATE Medical Center

PO#

DO NOT FILL IN GREY AREAS
Please Type or Print Only
Read Instructions on Procurement Webpage

PURCHASE REQUISTION

☑ EXTERNAL VENDOR
☐ INTERNAL RECHARGE

DATE: DEPT: BOX #: REQ #: - - suffix:

SUGGESTED SUPPLIER	REQUISTIONED BY: NAME: TEL BOX
(DupliOnline) MATT INDUSTRIES; d/b/a DUPLI	
ADDRESS One Dupli Park Drive	FINAL DELIVERY POINT (BLDG. ROOM)
P.O. Box 11500	PRICES QUOTED BY www.duplionline.com
CITY STATE ZIP Syracuse, NY 13218	SUPPLIER TEL #: QUOTE DATE: 800/724-2477, Ext. 227

ITEM	COMPLETE DESCRIPTION & SPECIFICATIONS ATTACH ANY & ALL JUSTIFICATION LETTERS DO NOT EXCEED 1O ITEMS PER PAGE	QUAN.	UNIT	PRICE PER UNIT	TOTAL
1	DupliOnline.com Order Reference #:				$0.00
	Attach copy of DupliOnline.com order if available				$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
USE CONTINUATION FORM IF MORE SPACE IS REQUIRED				**TOTAL**	$0.00

CHECK POINTS
SAMI: ☐ Initials:
Log: ☐ initials:
Pre enc.: ☐ Initials:
COMMENTS:

CHARGE TO

ACCOUNT CODE	OBJECT CODE	AMOUNT
	5607	

VENDOR TAX ID #: (if known) 141621837 NYS ID#1000027542

AUTHORIZED SIGNATURE
TITLE:

AUTHORIZED SIGNATURE [WHEN SECOND SIGNATURE IS NEEDED]
TITLE:

DISCOUNT:
FOB SHPG. PT.: ☐
FOB DEST.: ☐
COMMENT:

M ☐
S ☐
W ☐

AGENT INITIALS:
DATE COMPL:

BATCH TYPE

COMMODITY GROUP # (if known)

CONTRACT NUMBER (if known)
PC65658