



SUNY BROCKPORT

J. P. MORGAN CHASE 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, if possible:

Department: _____ Campus Bldg/Room: _____

Ship To: *Central Receiving, 382 Holley Street, 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: _____

ITEMS ORDERED				
QTY	U/M	DESCRIPTION	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: _____