



# FIORIELLO H. LAGUARDIA COMMUNITY

31-10 THOMSON AVENUE, LONG ISLAND CITY, NY 11101

Vendor Federal ID \_\_\_\_\_

## CREDIT CARD PURCHASE REQUISITION

DATE	ACCT. NO.

Community College

VENDOR	DELIVER TO

<h3 style="color: red;">This Is Not An Order</h3> <p style="color: red;">ATTACH 3 WRITTEN QUOTES AND/OR JUSTIFICATION FOR VENDOR SELECTION IF TOTAL COST EXCEEDS \$500.00.</p> <p><input type="checkbox"/> SOLE VENDOR      <input type="checkbox"/> MWBE/SDVOB      <input type="checkbox"/> STATE CONTRACT</p> <p style="color: red;">Check here for orders containing chemical substances. Material Safety Data Sheets will be requested from the vendor selected.</p>	INVOICE TO
	31-10 Thomson Avenue
	Room E413
	Long Island City, New York 11101

F. O. B.	SHIP VIA	TERMS	DELIVERY

LINE NO.	DESCRIPTION	QUANTITY	UNIT PRICE	COST		
1.						
Budget Acct	Expense Acct	CUNYfirst Dept	Fund Code	Major Purpose	Program Code	Funding Source
2.						
Budget Acct	Expense Acct	CUNYfirst Dept	Fund Code	Major Purpose	Program Code	Funding Source
3.						
Budget Acct	Expense Acct	CUNYfirst Dept	Fund Code	Major Purpose	Program Code	Funding Source
4.						
Budget Acct	Expense Acct	CUNYfirst Dept	Fund Code	Major Purpose	Program Code	Funding Source
5.						
Budget Acct	Expense Acct	CUNYfirst Dept	Fund Code	Major Purpose	Program Code	Funding Source
6.						
Budget Acct	Expense Acct	CUNYfirst Dept	Fund Code	Major Purpose	Program Code	Funding Source

<b>TOTAL FOR THIS REQUISITION</b>	
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Prior to placing this order, I have made efforts to obtain the lowest price for these goods within my delivery requirements, and I have found the above vendor to offer fair and reasonable conditions.	COMMENTS

PROGRAM DIRECTOR/REQUESTOR: _____	PHONE _____	DATE _____	FOR FURTHER INFORMATION CONTACT AND PHONE NO. _____	FISCAL APPROVAL _____	DATE _____
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