



FOUNDATION CREDIT CARD PURCHASE REQUISITION

FIORELLO H. LAGUARDIA COMMUNITY

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

Vendor Federal ID _____

DATE	ACCT. NO.

Community College

VENDOR	DELIVER TO

This Is Not An Order

ATTACH 3 WRITTEN QUOTES AND/OR JUSTIFICATION FOR VENDOR SELECTION IF TOTAL COST EXCEEDS \$500.00.

☐ SOLE VENDOR MWBE/SDVOB ☐ STATE CONTRACT

Check here for orders containing chemical substances. Material Safety Data Sheets will be requested from the vendor selected.

INVOICE TO

Fiorello H. LaGuardia Community College Foundation

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.				

Account Number:

2.				
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Account Number:

3.				
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Account Number:

4.				
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Account Number:

5.				
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Account Number:

6.				
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Account Number:

TOTAL FOR THIS REQUISITION

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