

NYS Citibank Visa Procurement Card Order Form

Supplier Information:

Date:

Supplier:

Attention:

Fax Number:

Phone number:

Cardholder Information:

Deliver to:

Cardholder Name (as it appears on card):

Department:

Phone Number:

Building/Room#:

Card # only if needed to place the order.

City, State, Zip Code:

Card #:

Exp. Date:

Attention:

Cardholder Signature

Items Ordered:

QTY	UNIT	DESCRIPTION AND BUSINESS PURPOSE	UNIT PRICE	EXT TOTAL

NYS Tax Exempt #14740026K

Enter this order in accordance with the prices, terms, delivery method, and specifications listed above. Please notify us immediately if you are unable to ship as specified.

Subtotal

Shipping

Total

The information contained in this facsimile contains privileged and confidential information intended solely for the use of the individual or entity to whom it is addressed. Any distribution or copying of this facsimile for purposes unrelated to the authorized procurement and payment of the items listed is strictly prohibited.

Prior Department Approval (optional):

Acct #

Received by:

Date:

Notes:

NOTE: DEPARTMENT MUST RETAIN THIS RECORD AND ATTACH ORIGINAL RECEIPTS TO THE BACK.

RECORDS MUST BE RETAINED BY THE DEPARTMENT FOR SIX (6) YEARS, PLUS THE CURRENT YEAR.

ALL PCARD TRANSACTIONS ARE SUBJECT TO AUDIT AND MUST COMPLY WITH THE POLICIES AND PROCEDURES GOVERNING THE PROGRAM.