

MISSISSIPPI STATE UNIVERSITY
REQUISITION

COPIER MAINTENANCE with PER COPY CHARGES

PAGE of

NO: Automatic

SUGGESTED VENDOR:

SHIPTO:

VENDOR NUMBER

-

VENDOR NAME

VENDOR ADDRESS

VENDOR CITY, STATE, ZIP

[If vendor is not in Banner or if address is incorrect, type correct information at end of Item Text and vendor file will be updated.]

DATE:
01-JUL-0X

TERMS: NET 30

FOB:

SHIP VIA: -

BID BY: Name from quote
No. and date from quote

BID FILE:

STATE CONTRACT:

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
	Maintenance coverage on [brand and model number of machine] As requested by (Department Name) for the period July 1, 2007 Through June 30, 2008		
	Equipment located in Room ____ of _____ (Building)		
	Serial Number: MSU Inventory Number: [if available]		
	Base charges: [\$] [per month/per annual/per quarter]		
	Includes [number] copies/year Excess copy charges @ \$[amount]/copy		
	Coverage: Parts, labor, and toner Does not include paper or networking printing		

Notes:

- provide P&C with a copy of quote from vendor as an attachment to requisition
- purchase order will not be issued without this quote

FISCAL YEAR NOTE: Key with Order Date of 01-JUL-05, Transaction Date of 01-JUL-05 and Delivery Date of 02-JUL-05
If requisition deos not show 01-JUL-05, the requisition will be cancelled and you will be asked to rekey.

FUND ORG ACCT PROG ACTV ORDER AMOUNT
xxxxxx xxxxxx 405660 xxxxxx

CONTACT:

NAME: [key your name]

TELEPHONE: [key your phone number]

DEPARTMENT:

[key department name]
[key department address]
[key mail stop no.]