

MISSISSIPPI STATE UNIVERSITY
REQUISITION

PEST CONTROL SERVICES

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-04

TERMS: NET 30

FOB:

SHIP VIA: -

BID BY:

BID FILE:

STATE CONTRACT:

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
	Provide pest control service at [location or building] for [department name] for the period July 1, 2004 through June 30, 2005 Not to exceed [quoted amount] per month		

Note:

Send copy of agreement and quote as an attachment.

FISCAL YEAR NOTE: Key with Order Date of 01-JUL-04, Transaction Date of 01-JUL-04 and Delivery Date of 02-JUL-04.
If requisition date does not show 01-JUL-04, the requisition will be cancelled and you will be asked to rekey.

TOTAL

FUND ORG ACCT PROG ACTV ORDER AMOUNT

xxxxxx xxxxxx 405623 xxxxxx xxxxxx

CONTACT:

NAME: [key your name]

TELEPHONE: [key your phone number]

DEPARTMENT:

[key department name]

[key department address]

[key mail stop no.]