

MISSISSIPPI STATE UNIVERSITY  
REQUISITION

**COPIER MAINTENANCE without 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:

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
1 yr	Maintenance coverage on [brand and model number of machine] For (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]  Coverage: Parts, labor, and toner Does not include paper or networking printing	600.00	600.00

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

600.00

FUND    ORG    ACCT    PROG    ACTV    ORDER    AMOUNT  
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xxxxxx    xxxxxx    405660    xxxxxx               600.00

CONTACT:

NAME: [key your name]

TELEPHONE: [key your phone number]

DEPARTMENT:

[key department name]

[key department address]

[key mail stop no.]