## MISSISSIPPI STATE UNIVERSITY REQUISITION

## REPAIR

					NEI AIN			
PAGE	of						NO: A	Automatic
SUGGESTED VENDOR:						SHIPTO: -		
	VENDO	R NUMBER						
		R NAME R ADDRESS R CITY, ST						
If vendor	is not in Ba	nner or if ac	ddress is in	correct, type correct	information at end of Item	Text and vendor file will	be update	ed.]
DATE: 5-Feb-04	4	TERMS:		FOB:		SHIP VIA: -		
BID BY:				BID FILE:	STATE CONTRACT:			
				TION		UNIT PRIC		TOTAL PRICE
			Serial No.	d maintenance to [des : entory No.:	scription]			

Not to exceed 500.00

xxxxxx 405690 xxxxxx

XXXXXX

							TOTAL	
FUND	ORG	ACCT	PROG	ACTV	ORDER	AMOUNT		

CONTACT:

NAME: [key your name]

TELEPHONE: [key your phone number]

DEPARTMENT:

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