

MISSISSIPPI STATE UNIVERSITY
REQUISITION
SUBSCRIPTION

PAGE of

NO: Automatic

SUGGESTED VENDOR:

SHIPTO:

VENDOR NUMBER

[key your department ShipTo code]

VENDOR NAME

VENDOR REMITTANCE ADDRESS

VENDOR CITY, STATE ZIP

[Note: select the correct vendor remit address; often not the default address]

[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: PREPAY

FOB:

SHIP VIA: BEST WAY

BID BY:

BID FILE:

STATE CONTRACT:

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
1 YR	Subscription to [name of publication] for the period July 1, 200X through June 30, 200X for [name of person to receive subscription], institutional representative Reference Invoice No. [] (if available) P&C Note: Hold for subscription notice	25.00	25.00

Notes:

Since a Prepay causes a check to be issued, the following information must be provided to the Purchasing Agent before a purchase order can be issued:

--attachment such as invoice, subscription renewal form, order form, etc.

--vendor information and remit address on the attachment must match the Vendor information on requisition

--amount on attachment must match amount on requisition

--vendor information must be from the vendor

--remember that you must key the Banner Invoice for final payment before a check will be issued

--if total exceeds 4999.99 and the period extends beyond the current fiscal year--amount must be prorated to the correct fiscal years

* use account code 405840 for portion to be charged to current fiscal year

* use account code 405002 for portion to be charged to future fiscal year

TOTAL 25.00

FUND ORG ACCT PROG ACTV ORDER AMOUNT

xxxxxx xxxxxx 405840 xxxxxx 25.00

CONTACT:

NAME: [key your name]

TELEPHONE: [key your phone number]

DEPARTMENT:

[key department name]

[key department address]

[key mail stop no.]