ATTACHMENT B

Citibank Visa Corporate Procurement Card
ORDER FORM
SUNY College at Geneseo

Department Use Only:
Internal Control #:_____
VISA LOG #: _____

Supplier Information:

Supplier: _____
Attention: _____
Address: _____
_____

Date: _____
Phone: _____
Fax: _____

Cardholder Information:

Cardholder: _____
Department: _____
Phone: _____
Citibank Visa #: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
Expiration Date: _____
Authorized Signature: _____

Ship to:

Department: VISA - _____
Bldg./Rm.: _____
Attention: _____
SUNY College at Geneseo
1 College Circle
Geneseo, NY 14454

ITEMS ORDERED

QTY	Unit Measure	Description	Unit Price	EXT

NOTE: Retain this record for your files.

University Tax Exempt #: 14740026K

Department Use Only:
Account #: _____
Received by: _____ Date: _____

Sub Total: _____
Shipping: _____
Total: _____

(2/00)