

Suffolk County Community College
Credit Card Budget Allocation Form

Business Officer E-Mail Approval & Signature _____

Vendor Name _____

Address _____

City, State, Zip _____

Telephone/Fax # _____ / _____

Vendor Contact _____

Vendor E-Mail/Web Address _____

SCCC Organization Number _____

SCCC Account Code: _____

Full Description of Item: _____

Catalog #, Part Number _____

Unit Cost _____

Quantity _____

Shipping Charges _____

Order Total _____

SCCC Ship To Address _____

Attn: _____

Department **must** notify Paula Cordes in Central Business Office to verify receipt of goods/services in order for the credit card charge to be paid on time.

Upon completion, please send form to Purchasing Department