## 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