

**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