

DIRECT PAYMENT VOUCHER

DOC ID#



The Research Foundation of SUNY

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RF PURCHASING

Bishop B28 PHONE: (716) 878-4144

FAX (716) 878-4039

Project #	Task #	Award #	Exp.Type	Organization	Date
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Supplier Name	Special Instructions -Please Check All that Apply <input type="checkbox"/> Confirming Order-Do Not Duplicate <input type="checkbox"/> Prepayment <input type="checkbox"/> Call _____ when check comes in <input type="checkbox"/> Goods Received - Pay Supplier <input type="checkbox"/> Other (specify)
Supplier Address	
Supplier Telephone #	
Internal Delivery Point/Ship to Address	
Contact Information of person completing this form Name _____ Phone _____	

Description	Amount
TOTAL (Required)	

Project Director Certification - I certify that the goods, services, have been received, that they are necessary to the award and do not duplicate any existing goods or services.

PI Name (print)	PI Signature
RF Fiscal Designee Approval	Other Approvals as required

Authorized signature must be on file with the Research Foundation Office. Tax Exempt Number-119222

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