

PURCHASE REQUISITION

DOC ID #



The Research Foundation of SUNY

RF PURCHASING -

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Project #	Task #	Award #	Exp.Type	Organization	Date
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Supplier Name	Special Instructions -Please Check All that Apply <input type="checkbox"/> Please call X _____ with PO # <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"/> Hazardous Material <input type="checkbox"/> Please Fax PO (Fax # _____) <input type="checkbox"/> Will pick up PO Call X _____ when ready <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	Qty	Unit	Price	Amount
TOTAL (Required)				

Project Director Certification - I certify that the goods, services, equipment 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