

SUBRECIPIENT PROCUREMENT FORM

DOC ID#



The Research Foundation of SUNY

RF PURCHASING

Bishop B28 PHONE: (716) 878-4144

FAX (716) 878-4039

Project #	Task #	Award #	GNS SUB AWARD	Organization	Date
Project #	Task #	Award #	GNS SUB AWARD	Organization	

Subrecipient Name:

Subrecipient Address:

City: _____ State: _____ Zip Code: _____

Business Type: Profit Non-Profit Incorporated? Yes No

Project Title:

Subrecipient's Project Director:

Research Foundation's Project Director:

Subcontract Start Date: _____ Subcontract End Date: _____

Amount of Contract: \$ _____ Cost Sharing (if applicable) \$ _____

When is invoice to be submitted? Monthly Quarterly Other
 If other, list any special payment conditions:

When are reports due? Monthly Quarterly Other
 If other, list any special reporting requirements

Scope of Work and Budget (Please provide a detailed description of the services that are to be rendered by the contractor. Include specific tasks and dates to be completed as well as any specific reports or deliverables. Use the back of this form and/or provide additional sheets as necessary).

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

Authorized signature must be on file with the Research Foundation Office.