

The Research Foundation for the State University of New York

Purchase Requisition

INSTRUCTIONS: <ul style="list-style-type: none"> Requisitions must be legible and complete Remember to allow ample processing time Obtain an authorized SPA signature on your grant certifying reasonableness and necessity of purchase. ATTACH ALL QUOTES SOLICITED 	ORP USE ONLY
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Supplier / Payee:	SHIP TO ADDRESS <i>(If other than ESF Central Receiving)</i>		ORP Approval:		
SSN or Vendor ID:			Rec'd Date:		
Address:	Campus:		PO#:		
City: State: ZIP:	Address :		NOTE: Authorized Signature certifies that the items are herein allowable, allocable, reasonable and necessary for the scientific or programmatic use of the project charged.		
Phone: FAX:	City: State: ZIP:				
Award:	Task:	Project:	Requisitioned By:	Approved:	
Faculty or Department			Building:	Room:	Signature:
550 -			Campus Phone:	Date:	

Exp Type	Catalog #	Catalog Number & Complete Description <small>(If Hazardous item, Please Indicate Type From List On Back)</small>	Quantity	Unit	Unit Price	Total

Shipping charges may not be paid without the prior approval of signatory. Please include shipping charges here. →						
FAX Order by Purchasing Office <input type="checkbox"/>	DO NOT FAX Dept will place order <input type="checkbox"/>	INVOICE ATTACHED <input type="checkbox"/>		TOTAL		