

**The Research Foundation of State University of New York**

Revised 9/02

**Purchase Requisition**

Supplier / Payee: \_\_\_\_\_ Ship to Address (If Other Than ESF Central Receiving) \_\_\_\_\_  
 Social Sec. # or Fed I.D.: \_\_\_\_\_ Address \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Zip \_\_\_\_\_

To be completed by Business Office Requisition: _____ Rec'd Date: _____ P.O #: _____
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**Please Note: Requisitions Must Be Legible and Complete.  
 Orders Will Be Able To be Phoned in After Entered in System. Remember to Allow Ample Processing Time!**

Project	Task	Award	Requisitioned By:	Approved By—Please Print:
Faculty or Department			Room #: _____	Building Location: _____
550 – _____			Telephone #: _____	Authorized Signature: _____ Date: _____

**Notes** \_\_\_\_\_ call to phone in order  
 name and phone #:

Item Category		Catalog Number & Complete Description	Quantity	Unit	Unit Price	Total
Minor	Major	(If Hazardous item, Please Indicate Type From List On Back)				

Price quote via: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Web \_\_\_\_\_ Total \_\_\_\_\_

**Hazardous Types:**

1. Compressed Gasses
2. Corrosives
3. Explosives
4. Flammable Liquids
5. Flammable Solids
6. Oxidizers and Organic Peroxides
7. Radioactive Materials
8. Reactive
9. Syringes/Needles
10. Toxic and Infectious Substances

**Description**

- Flammable, Non-Flammable and Toxic Gasses  
Liquid or Solid that causes visible destruction  
Explosives  
Liquids that will readily ignite  
Solids that will readily ignite  
Oxidizers and Organic Peroxides  
Radioactive Materials  
Will react with other chemicals and/or water  
Syringes/Needles  
Harmful to humans and /or the environment

**Instructions:**

1. Please fill out this form completely and legibly. Make sure to print and sign where required.
2. a) If this is a Petty Cash Reimbursement to an individual **up to \$250**, please submit this form to the Cashier's Office, 102 Bray Hall.  
b) If this is a Cash Reimbursement **over \$250**, please submit this form and related receipts to Purchasing, 100 Bray Hall.  
c) If this is a Travel Reimbursement Request, please submit to Room 102 Bray Hall.  
d) For all other purchase requests, please submit to Purchasing, Room 100 Bray Hall.
3. The **ORIGINAL SIGNED COPY NEEDS TO BE SUBMITTED**. Because of required signatures, we are unable to accept electronic formats at this time.
4. Please do not modify the format of the form on the reverse side supplied by the Purchasing Office.
5. If possible, when duplicating form, please use **yellow paper** to avoid the form being mistaken or misdirected as another document.