

# The Research Foundation for the State University of New York

## Purchase Requisition

| <b>INSTRUCTIONS:</b> <ul style="list-style-type: none"> <li>Requisitions must be legible and complete</li> <li>Remember to allow ample processing time</li> <li>Obtain authorized signature certifying reasonableness and necessity of purchase.</li> <li><b>ATTACH ALL QUOTES SOLICITED</b></li> </ul> |           |   |           | <b>BUSINESS OFFICE USE ONLY</b>   |          |              |            |       |
|---|-----------|---|-----------|---|----------|--------------|------------|-------|
| Supplier / Payee:   |           | SHIP TO ADDRESS<br><i>(If other than ESF Central Receiving)</i>   |           | ORP Approval:   |          |              |            |       |
| SSN or Vendor ID:   |           |   |           | Rec'd Date:   |          |              |            |       |
| Address:  |           | Campus:   |           | <b>NOTE:</b> Authorized Signature certifies that the items are herein allowable, allocable, reasonable and necessary for the scientific or programmatic use of the project charged. |          |              |            |       |
| City:   | State:    | ZIP:  | Address : |   |          |              |            |       |
| Phone:  | FAX:      | City:   | State:    |   |          | ZIP:         |            |       |
| Award: Task: Project:   |           | Requisitioned By:   |           |   |          |              |            |       |
| <b>Faculty or Department</b>  |           | Building: Room:   |           | Approved:   |          |              |            |       |
| 550 -   |           | Campus Phone:   |           | Signature:  |          |              |            |       |
|   |           |   |           | Date:   |          |              |            |       |
| Exp Type  | Catalog # | Catalog Number & Complete Description<br><small>(If Hazardous item, Please Indicate Type From List On Back)</small> |           |   | Quantity | Unit         | Unit Price | Total |
|   |           |   |           |   |          |              |            |       |
|   |           |   |           |   |          |              |            |       |
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|   |           |   |           |   |          |              |            |       |
| 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"/>   |          | <b>TOTAL</b> |            |       |

**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.