

Please be sure to include:

1. Job Description
2. Account Number

# STATE PURCHASE REQUEST

## SUNY College of Environmental Science and Forestry

| <b>INSTRUCTIONS:</b> <ul style="list-style-type: none"> <li>This Requisition is for Copy Center Printing ONLY</li> <li>Use these Account Numbers           <ul style="list-style-type: none"> <li>Lab Manuals/Readers - 900815-00</li> <li>All other Black &amp; White printing - 860815-01</li> <li>Color Print Jobs - your appropriate department account</li> </ul> </li> </ul> |                                                                                                                                         | <b>BUSINESS OFFICE USE ONLY</b>                                                                       |                                           |                                                                                                                       |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------|
| Supplier / Payee: SUNY Upstate (Copy Center)                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                         | SHIP TO ADDRESS<br>(If other than ESF Central Receiving)                                              |                                           | Requisition # : 202425printing                                                                                        |       |
| SSN or Vendor ID:                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                         |                                                                                                       |                                           | P.O. # :                                                                                                              |       |
| Address: duplicat@upstate.edu                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                         | Campus:                                                                                               |                                           | NYS Contract # :                                                                                                      |       |
| City: State: ZIP:                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                         | Address :                                                                                             |                                           | <b>NOTE:</b> Authorized Signature certifies that the items are herein allowable, allocable, reasonable and necessary. |       |
| Phone: 315.464.5390 FAX:                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                         | City: State: ZIP:                                                                                     |                                           |                                                                                                                       |       |
| Requisitioned By:                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                         | Building:                                                                                             |                                           |                                                                                                                       |       |
| Campus Phone:                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                         | Department:                                                                                           |                                           | Approved (Print):                                                                                                     |       |
| Campus Email:                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                         | Room:                                                                                                 |                                           | Authorized Signature:                                                                                                 |       |
|                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         |                                                                                                       |                                           | Date:                                                                                                                 |       |
| Account # to be charged                                                                                                                                                                                                                                                                                                                                                            | Complete Description- State Business Purpose<br>(Course #; # of Pages in Manual; # of manuals(or) Department, # of Copies, Description) | 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. <div> </div>                                                                                                                                                                                                                                                       |                                                                                                                                         |                                                                                                       |                                           |                                                                                                                       |       |
| FAX Order by Purchasing Office <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                            | DO NOT FAX<br>Dept will place order <input type="checkbox"/>                                                                            | Minority Vendor Solicited <input type="checkbox"/><br>Women Vendor Solicited <input type="checkbox"/> | INVOICE ATTACHED <input type="checkbox"/> | TOTAL                                                                                                                 |       |