

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 authorized signature certifying reasonableness and necessity of purchase. ATTACH ALL QUOTES SOLICITED 	BUSINESS OFFICE 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		