THE RESEARCH FOUNDATION
The State University of New York

PURCHASE REQUISITION

* DENOTES REQUIRED FIELD

Requisition Number
WEB 1121709

* SHIP TO	* REQUISITIONER, IF DIFFERENT FROM "SHIP TO"		TODAY'S DATE	PURCHASE ORDER #
Attention to			November 12, 2009	R
Department				
Building Name/Room No.	* E-MAIL ADDRESS	* PHONE		
Street Delivery Address				
City, State, Zip				

* PROJECT	* TASK	* AWARD	EXPENDITURE TYPE	* ORGANIZATION	* DATE REQUIRED
				010	

VENDOR INFORMATION				IDENTIFY IF APPLICABLE
FEDERAL ID NO				☐ Animals (Veterbrates)
CONTACT NAME				☐ Laser Equipment
COMPANY				☐ Radiation Producing
STREET ADDRESS				☐ Radioactive Material
CITY, STATE, ZIP				☐ Syringes
PHONE				
FAX				

SAMPLE

CATALOG #	DESCRIPT	* QUANTI	UOM	* UNIT PRICE	UNIT TOTAL
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
				Total	$ -

Should the project director be contacted regarding the subsitution of vendor? No selection will be interpreted as agreement to **CHANGE VENDOR** without notice.
☐ YES ☐ NO

* Authorized Signatory (Please Print)	* Authorized Signature

PURCHASING USE ONLY

Purchase Type	Quote Information	Shipping Terms	Supplier Certification	Payment Terms	Oracle Requisition No.	Buyer (Initial/Date)
Sole Source	Quote #	FOB Destination	WBE			
Single Source	Phone Quote By	FOB Origin	SB	___% _____ Days		
Delivery Date	Written Quote By	PAID (Supplier Pays)	MBE			
N.Y.S. Contract #		DUE (Buyer Pays)		Pre-Pay		