

# Purchase Requisition

 Research Foundation of State University of New York

Requisition Date \_\_\_\_\_

Req# \_\_\_\_\_

Supplier \_\_\_\_\_

Soc Sec # or Fed ID # \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

P.O.# \_\_\_\_\_

## Ship to Address

Organization Name (Department) \_\_\_\_\_

Building \_\_\_\_\_ Room Number \_\_\_\_\_

Attention \_\_\_\_\_

Need by: \_\_\_\_\_  
Date \_\_\_\_\_

Payment Terms: \_\_\_\_\_

Freight:  Due  Paid

Carrier \_\_\_\_\_

FOB  Destination  FCA  Origin

Supplier Notes: \_\_\_\_\_

Confirming  Yes  No

Project \_\_\_\_\_

Task \_\_\_\_\_

Award \_\_\_\_\_

Expenditure Type \_\_\_\_\_

Organization Name (Department) \_\_\_\_\_

Requisitioner \_\_\_\_\_

Telephone# \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Fiscal Designee \_\_\_\_\_

Date \_\_\_\_\_

Item Category	Item Catalog # & Complete Description (Including notes & buyer notes)	Quantity	Unit	Unit Price	Total
<input type="checkbox"/> Quotation <input type="checkbox"/> Written <input type="checkbox"/> Verbal    By _____ Date _____					
TOTAL \$ _____					