SUNY RF
The Research Foundation for The State University of New York

Purchase Requisition

Research Foundation for 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

FOR OSP USE ONLY

Supplier #:

Site #:

_____ _____ _____
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

☐ Quotation ☐ Written ☐ Verbal By_____ Date_____ TOTAL $

Revision Date: September 26, 2022