

Req. #

Purchase Requisition

Requisition Date

Supplier		Address				
City	State	Zip Code	Social Sec # or Fed ID #			
Phone #	Fax #					
Ship to A	Address	Payment Terms:Paid	Project Task Award			
Organization Name (Department)		Carrier FOB Destination FCA Origin	Expenditure Type			
Building Room Number		Supplier Notes:	Experienture Type			
Attention			Organization Name (Department)			
Need by Date:			Requisitioner Telephone #			
Signature also certifies that any directly for the award indicated a		ocal phone charges and membership fees, listed below, s.*	, will be used			
		Confirming (Yes/No)	Authorized Signature Date			
Item	G + 1	Item	O and Hall Hall Disc. That I			

	Item	Item				
Type	Category	Catalog # & Complete Description (including notes & bu	yer notes) Quantity	Unit	Unit Price	Total
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^{*} OMB Circular A-21 section F.6.b(3) states that "items such as office supplies... shall normally be treated as Facilities and Administrative costs." Direct charging of these items may be appropriate if explicitly budgeted and the cost can be specifically identified with the project with a high degree of certainty.

Ouotation:	Written	Verbal	Bv	Date	Total: \$

10-01	The Research Foundation
	The State University of New York

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Quotation: _	vviilleii v erbai	Δ 1 Otal: <u>\$</u>					