



Req. #

Requisition Date

Purchase Requisition

Supplier	Address
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City _____ State _____ Zip Code _____ Social Sec # or Fed ID # _____

Phone # _____ Fax # _____

Ship to Address		Payment Terms: _____ Freight ___ Due ___ Paid Carrier _____ FOB ___ Destination ___ FCA ___ Origin Supplier Notes: Confirming (Yes/No) _____		
Organization Name (Department)			Project	Task Award
Building	Room Number		Expenditure Type	
Attention			Organization Name (Department)	
Need by Date: _____			Requisitioner	Telephone #
		Authorized Signature		Date

Type	Item Category	Item Catalog # & Complete Description (including notes & buyer notes)	Quantity	Unit	Unit Price	Total

Quotation:

Written
 Verbal

 By
 Date
 Total: \$



The Research Foundation of State University of New York

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Quotation: Written Verbal By Date Total: \$						