



Approver (in Grant Manager's absence)

(This form must NOT be used as a purchase requisition to request purchase orders.) For Miscellaneous Payments ONLY.

ALL APPLICABLE FIELDS MUST BE COMPLETED TO AVOID ANY DELAY IN PROCESSING YOUR REQUEST

Supplier may be an Organization, Independent Contractor, or RF/SUNY Employee	Supplier:									
Address:    Street									_	Date
Street Apt. # City State Zip Code Phone No.  PAYMIENT METHOD AND CHECK DISTRIBUTION INFORMATION  Currently enrolled in the Research Foundation's electronic payment program? YES NO DON'T KNOW (If you are not currently enrolled in RF's electronic payment program or you don't know, you MUST complete this entire section.)  MAIL CHECK TO OR RETURN CHECK TO CAMPUS  Name:  Apt. # OR  Call for pickup - Phone#:  For information about RF's electronic payment program, inquire within the Office of Research Administration (ORA)  FINANCIAL INFORMATION (use additional paper if required)  Amount Project Task Award Expenditure Type Organization Principal Investigat Expense 1  Expense 1  Expense 2  Expense 3  DO NOT FILL IN GREY AREAS (FOR OFFICIAL USE ONLY)  TRANSACTION DESCRIPTION  Detailed description of good(s) / service (INCLUDE ALL ORIGINAL SUPPORTING DOCUMENTATION)  Total  DEPARTMENT / PROGRAM AUTHORIZATION  Preparer (Print Name):  Date:  Department:  Phone #:  Note to ORA:  Authorized Signature:  Date:  Date:  Department:  Phone #:  Note to ORA:  Note to ORA:		(Supplier may	be an Organizat	tion, Inde	ependent Co	ntractor, or RI	F/SUNY Employ	ee)	_	
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Associate Vice President / Operations Manager

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