FORM SFA - 8

SPONSORED FUNDS ADMINISTRATION

DIVISION OF RESEARCH
State University of New York at Binghamton

The Research Foundation
The State University of New York

PURCHASE REQUISITION FOR SUPPLIES
PAYMENT TO SUPPLIER OR REIMBURSEMENT

Date:

SUPPLIER/VENDOR NAME & ADDRESS

Phone # _____ Fax # _____

SSN or EIN _____

Confirming PO Number

Project	Task	Award	Expenditure Type

Name _____

Dept./Org. _____

Building _____

Phone # _____

* NOTE: IF THIS IS AN EQUIPMENT ORDER, PLEASE SEE BELOW

SUPPLIER CATALOG / ITEM NUMBER	COMPLETE DESCRIPTION	QUANTITY	UNIT	PRICE	AMOUNT

EQUIPMENT CERTIFICATION SCREENING: There is no equipment within the department suitable and / or available for the purposes for which the equipment on this requisition is being purchased.

SUBTOTAL	
SHIPPING / HANDLING	
TOTAL	

PLEASE CHECK ALL APPLICABLE

☐ GOODS RECEIVED, PAY SUPPLIER ☐ HAZARDOUS MATERIAL ☐ MAIL P.O.

☐ FAX P.O. ☐ CONFIRMING ☐ PRE-PAY ☐ MSDS REQUIRED

APPROVED SIGNATURE *

PROJECT DIRECTOR SIGNATURE

* AUTHORIZED SIGNATURE DELEGATION MUST BE ON FILE WITH THE SPONSORED FUNDS OFFICE

THESE GOODS & SERVICES ARE NECESSARY TO THIS ACCOUNT, DO NOT DUPLICATE ANY EXISTING GOODS OR SERVICESAND ARE NOT FOR PERSONAL USE OR BUSINESS

SPONSORED FUNDS USE ONLY / FISCAL APPROVAL