The Research Foundation of State University of New York
Binghamton University

Sponsored Funds Administration - Bio Technology Bldg.
85 Murray Hill Road
PHONE # (607) 777-6752 FAX # (607) 777-4354

Date _____

◉ **Purchase Requisition for supplies**

OR

○ **Payment to supplier or reimbursement**

We have direct Deposit option

Supplier name and address (make check payable to)

Select supplier from LOV

Phone # _____ Fax # _____

Soc. Sec. # or EIN # _____

(Required for Technical or Consulting Services)

Confirming PO Number

Project	Task	Award	Expenditure Type

SHIP TO:

Name: Select Name from LOV

Dept./Org.: Select Dept. from LOV

Building _____

Phone # _____

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

SUPPLIER CATALOG / ITEM NUMBER	COMPLETE DESCRIPTION	QUANTITY	UNIT	PRICE	AMOUNT
Must use travel voucher if travel reimbursement					
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

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	$ 0.00
SHIPPING / HANDLING	$
TOTAL	$ 0.00

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