## **Requisition Form**

				Office Use Only Purchase Order No:						Ī	Fiscal Y		ERSITY OF NEW YORK	
				Buyer's Initi	al & Date:	Del By:					i iscai i	Cai		
Supplier Name:	/Payee Inf	Social Security or Federal ID #:					Contract #: Group #:			oup #:				
Address:				City:							State:	Zip	:	
Supplier Phone: Fax:				Email:										
Deliver To Information  Attention:				Payment Payment	ion Freight:				Department Information  Account # / Project Task Award: Sponsor: S					
Department:			T dymana ramie.		Du	ie	FOB: Dest FCA Origin							
				Confirming: ☐ Yes ☐ No		☐ Pa			iid					
Building:			Suppliers					Organization Name (Department): Zip+4:						
Room #:										Project Director:				
Requisitioner: Need by Date:										Note: RF Only-Office Supplies Certification:				
Office Phone (XXX) XXX - XXXX  Office Fax (XXX) XXX - XXXX  Office Fax (XXX) XXX - XXXX			☐ P/C ☐ F/A Ownership:  Payment Requires Dept Approval: ☐ Y				No		Authorized Signature below also certifies Scientific or Programmatic use for the project charged.					
	t'			1 dyment	течитез Берг Аррго	.vai	оо <u>Г</u>	140		charged.				
Item Information  Expenditure Type, Cata  Control of the Information o								Quantity UOM		Unit Price			Total	
ItCIII #		Descr	iption (Including r	notes & bu	yer notes)		Qua	inuty	OOW		11100		Total	
	on / Purpose			41	م ملا ملائد و ملاء م			4 !			rand Tota			
i certify th	at the purpos	se or pu	rcnase requisi	ition con	plies with the a	ccount	restr	ictioi	ns and	is consiste	nt with the	aonor s/sp	onsor's intent.	
Ougtotice	\\\r\\\r\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			horized Sig	nature		nto:	Dat	e					
	roval:	vei	rbal By:				ate:	to:						
OGM Approvals							Term Date:  Radiation Control Required: ☐ Yes ☐ No							
Notes/Approvals:							Radiation Control Required: 1 Yes 11 NO							

Check Distribution: ☐ Mail ☐ Pick up at Bursar

PROC0065 (05/11)

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